

REPORT OF PATIENTS
TREATED IN
ST. THOMAS'S HOSPITAL,
FROM
1861—1865.



LONDON:
JOHN CHURCHILL AND SONS, NEW BURLINGTON STREET.
MDCCCLXIX.

PREFACE.

THE present Report, embracing a period of five years, follows without interruption on that previously published. It was thought desirable by the Medical Committee that an unbroken series should be preserved, although removal from the old to a temporary hospital, and other causes detailed below, render the issue rather fragmentary.

The Treasurer has kindly entrusted me with the duty of condensing and editing the very voluminous materials collected. None of these are, on this occasion, my own work. The principal contributor is Mr. John Croft, who held the office of Surgical Registrar during the years 1861-2-3.

Dr. Gervis, who furnished part of the last Report, is again responsible for the medical cases of 1861; Dr. Hicks contributes medical records of 1862-3; Mr. Summerhayes, surgical notes of 1864-5; Dr. Lees and Mr. Rayner give the medical statistics of 1864 and 1865 respectively.

The chief difficulty in compilation has been the very different amount of labour devoted to the work, and the variable methods adopted by successive Registrars. For this reason the records of each year have necessarily been kept distinct from those of its immediate neighbours. Mr. Croft's notes, being on an uniform

system, and affording an excellent running commentary on the usual surgical practice of a large hospital, have been printed in full. Dr. Gervis's are similarly given as far as other circumstances permitted.

An alphabetical having been in some reports substituted for a rational classification of disease, I have endeavoured to amend the disagreement by reconstructing, as accurately as might be after the lapse of time, a short table, according to the excellent nosology recently issued by the Royal College of Physicians.

My object has been throughout to preserve only trustworthy facts, and to err rather by omission than by the circulation of what is doubtful or erroneous.

WILLIAM H. STONE.

PART I.

TABLE I.—GENERAL STATEMENT.

	1861.			1862.			1863.			1864.			1865.		
	Med.	Surg.	Total.	Med.	Surg.	Total.	Med.	Surg.	Total.	Med.	Surg.	Total.	Med.	Surg.	Total.
Number of patients—															
In Hospital on Jan. 1st	179	264	443	193	259	452	83	112	195	84	106	190	77	103	180
Admitted during year .	2002	1848	3850	1155	1175	2330	896	956	1852	869	1016	1885	851	1070	1921
Discharged—															
Well or convalescent .	938	1069	2007	632	793	1425	450	639	1089	374	715	1089	439	745	1184
Relieved	681	536	1217	375	399	774	245	195	440	300	149	449	266	171	437
Unrelieved	55	26	81	12	2	14	24	12	36	57	51	108	27	51	78
For special reasons, or not treated . . .	53	102	155	84	40	124	51	37	88	8	0	8	11	0	11
Died, or brought in dead .	265	116	381	144	88	232	117	74	191	137	104	241	108	89	197
Remaining on Dec. 31st .	189	263	452	83	112	195	90	111	201	77	103	180	77	117	194
	Med.	Surg.		Med.	Surg.		Med.	Surg.		Med.	Surg.		Med.	Surg.	
Average number resident daily	202	258		...	...		81.8	110.51		76.34	...		...	...
Mean residence, in days .	33.12	50.		35.1	...		33.35	42.106		31.8	38.04		33.0	34.5	
Rate of mortality per cent. (As given by the Registrars.)	12.15	5.49		11.38	...		13.18	7.312		15.6	10.2		11.63	...	

TABLE II.

SUMMARY OF MEDICAL CASES IN HOSPITAL FROM THE
YEAR 1861 TO THE YEAR 1865.

DISEASES.	No.	RESULT.							
		Cured.		Relieved.		Not relieved.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.
1. General diseases	1745	724	613	182	98	24	14	51	39
2. Diseases of nervous system	792	143	144	212	155	52	26	37	23
3. „ circulatory „	288	13	17	79	44	13	3	72	47
4. „ respiratory „	1114	194	110	355	162	29	15	167	82
5. „ digestive „	744	166	198	121	102	27	21	66	43
6. „ urinary „	310	41	25	90	36	11	6	70	31
7. „ generative „	294	...	125	...	131	...	23	...	15
8. „ cutaneous „	141	42	73	10	11	2	3	...	...
9. „ osseous & fibrous system	45	15	12	10	3	1	1	2	1
10. Poisoning, intoxication, &c.	88	32	47	4	...	...	...	1	4
11. Miscellaneous, untreated, &c.	282	51	47	41	15	60	50	15	3

TABLE III.—SURGICAL.—1861.

Abstract Table, showing the Classes of Disease, &c.

	Total.	Cured or convalescent.		Relieved.		Discharged or N. R.		Died.	
	M. & F.	M.	F.	M.	F.	M.	F.	M.	F.
INJURIES—									
Contusions and sprains	111	86	12	10	2	...	...	1	...
Wounds	97	66	13	10	1	...	...	7	...
Simple fractures	225	170	27	7	2	...	2	12	5
Compound „	32	18	2	...	...	...	...	9	3
Simple dislocations	6	4	...	1	1	...	...	...	...
Compound „	1	...	...	1	...	...	...	...	...
Burns and scalds	66	20	22	1	...	...	...	10	13
Concussions of brain	26	24	1	1	...	...	...	...	...
DISEASES—									
<i>Locomotive organs—</i>									
Bones	129	38	10	54	16	4	1	5	1
Joints	124	34	17	35	27	2	3	5	1
Bursæ	12	3	7	2	...	...	...	...	...
<i>Circulatory system—</i>									
Arterial	12	1	2	1	3	...	...	3	2
Venous	13	2	1	6	3	...	...	1	...
<i>Glandular system</i>									
<i>Alimentary canal—</i>	36	10	11	6	6	3	...	...	...
Exclusive of herniæ	65	26	11	15	6	3	...	3	1
Herniæ	20	7	4	3	3	...	...	2	1
<i>Organs of sense—</i>									
Eye	77	21	7	27	11	8	3	...	...
Ear	3	1	...	...	2	...	...	...	...
Nose	2	1	...	...	1	...	...	...	...
<i>Genito-urinary organs—</i>									
Genital	31	15	1	10	1	2	2	...	...
Urinary, including cal- culus	75	27	1	38	...	3	...	6	...
<i>Venereal—</i>									
Primary or non-constitu- tional	158	48	53	21	19	8	9	...	...
Secondary or constitu- tional	101	21	28	28	17	4	2	1	...
<i>Integument—</i>									
Erysipelas and inflamma- tion	45	30	7	2	1	1	...	2	2
Eruptions	8	4	2	...	2	...	...	...	...
Carbuncles, boils, abscesses, and ulcers	260	99	54	72	20	8	2	4	1
Morbid growths and tumours	60	13	13	4	14	6	1	4	5
Miscellaneous	47	9	4	23	2	6	...	2	1
Cases not treated, including 3 brought in dead	48	...	...	...	...	...	...	...	...
Total	1890	798	310	378	160	58	25	77	36
Deduct cases recorded more than once	41								
	1849								

1862.

Abstract Table of Injuries and Diseases.

	Total.	Cured.		Relieved.		Discharged or N. R.		Died.	
	M. & F.	M.	F.	M.	F.	M.	F.	M.	F.
INJURIES—									
Sprains and contusions	84	61	17	5	1	...	...	...	...
Wounds	73	55	12	1	...	1	...	4	...
Simple fractures	144	111	22	...	...	1	...	7	3
Compound fractures	31	23	1	...	...	...	...	7	...
Simple dislocations	6	3	3	...	...	...	...	...	...
Concussion of brain	5	5	...	...	...	...	...	...	...
" spine	2	2	...	...	...	...	...	...	...
Rupture of abdominal vis- cera	3	...	...	...	...	...	...	3	...
Bites of animals	3	3	...	...	...	...	...	...	...
Burns and scalds	33	10	6	1	...	...	...	8	8
DISEASES—									
<i>Locomotive organs—</i>									
Bones	100	22	7	51	14	1	...	3	2
Joints	96	19	12	31	25	1	...	6	2
Bursæ	9	2	6	1	...	...	...	...	...
<i>Circulatory system—</i>									
Arterial	7	...	1	3	3	...	...	...	...
Venous	7	1	...	5	1	...	...	...	...
<i>Glandular system</i>	14	3	4	4	3	...	...	...	...
<i>Alimentary canal—</i>									
Exclusive of herniæ	25	14	4	3	4	...	...	...	...
Herniæ	28	13	6	1	1	...	...	4	3
<i>Organs of sense—</i>									
Eye	66	14	19	23	8	1	...	1	...
Nose	4	...	...	2	2	...	...	...	...
<i>Genito-urinary organs—</i>									
Exclusive of calculi	61	30	1	27	...	...	...	2	1
Calculi	11	5	3	...	...	...	...	3	...
<i>Venereal—</i>									
Primary	131	46	33	11	36	4	...	...	1
Secondary	58	15	12	19	12	...	...	...	...
<i>Tegumentary and areolar structures—</i>									
Exclusive of cutaneous diseases	211	94	41	48	20	2	1	3	2
Cutaneous (not syphilitic)	14	8	1	2	3	...	...	...	...
Morbid growths and tumours	40	7	9	6	11	...	...	6	1
Miscellaneous	29	8	6	9	6	...	...	...	...
Cases not treated, including 4 cases brought in dead	34	...	...	...	...	19	11	3	1
Total	1329	574	226	253	150	30	12	60	24
Deduct cases twice recorded (in which two different bones were fractured, &c.)	7								
	1322								

1863.

Abstract Table of Diseases, Injuries, &c.

	Total.	Cured.		Relieved.		Not relieved.		Died.	
	M. & F.	M.	F.	M.	F.	M.	F.	M.	F.
INJURIES—									
Sprains and contusions	101	82	17	1	...	1	...	...	...
Wounds	64	47	9	2	1	...	...	5	...
Simple fractures	178	123	39	2	2	2	...	9	1
Compound „	19	13	1	...	...	...	...	4	1
Simple dislocations	6	3	1	1	...	1	...	...	...
Compound „	2	2	...	...	...	...	...	...	...
Concussion of brain	9	7	1	1	...	...	...	...	...
„ spine	2	1	1	...	...	...	...	...	...
Rupture of abdom. viscera	3	...	...	...	...	...	...	3	...
Burns and scalds	46	15	9	2	...	...	...	13	7
Traumatic, paraplegia, do- lores, &c.	3	2	...	1	...	...	...	...	...
DISEASES—									
<i>Locomotive organs—</i>									
Bones	68	26	5	24	10	1	...	2	...
Joints	81	16	20	21	18	2	...	2	2
Bursæ, tendons, &c.	32	6	14	5	7	...	...	...	...
<i>Organs of circulation—</i>									
Arterial	5	1	...	...	...	1	...	3	...
Venous	4	2	1	1	...	...	...	...	...
<i>Glandular system</i>	12	4	5	1	2	...	...	...	...
<i>Alimentary canal—</i>									
Exclusive of strangulated herniæ	39	10	6	14	6	...	...	3	...
Herniæ, strangulated	7	1	2	...	...	...	...	1	3
<i>Organs of sense—</i>									
Eye	28	6	3	13	5	...	1	...	...
<i>Genito-urinary organs—</i>									
Exclusive of calculi	62	37	1	19	1	1	...	3	...
Calculi	2	1	...	...	...	...	...	1	...
<i>Venereal—</i>									
Primary or non-constitu- tional	6	3	3	...	...	...	...	...	...
Constitutional	15	...	7	2	6	...	...	...	...
<i>Tegumentary and arcolar structures—</i>									
Exclusive of cutaneous diseases	105	54	22	17	8	...	...	2	2
Cutaneous(not syphilitic)	10	3	1	4	2	...	...	...	...
Morbid growths, tumours, and deformities	32	11	10	1	...	2	5	3	...
Cases not treated, including those brought in dead	36	...	...	...	...	27	5	3	1
Total	977	476	178	132	68	38	11	57	17
Deduct cases recorded more than once	20								
	957								

TABLE V.

Of the Principal Diseases in the Medical Wards, from 1861 to 1865, arranged according to the Nomenclature of the Royal College of Physicians.

DISEASE.	No.	RESULT.							
		Cured.		Relieved.		Not relieved.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.
GENERAL DISEASES—									
A. Small-pox	11	...	1	...	1	5	4	...	...
Chicken-pox	3	1	2	...	...	...	...	...	...
Measles	1	...	1	...	...	...	...	...	...
Scarlet fever	61	23	31	1	2	...	...	1	3
Typhus „	200	92	78	...	...	1	1	18	10
Enteric „	122	46	49	...	...	...	...	11	16
Febricula	109	50	58	1	...	...	...	...	...
Ague	51	32	10	6	...	1	1	1	...
Erysipelas	72	27	39	...	1	...	...	2	3
Pyæmia (in Medical Wards)	9	...	...	...	...	...	...	3	6
B. Rheumatism, acute	454	221	176	30	17	...	1	8	1
„ „ chronic	208	76	51	53	25	2	1	...	...
Gout	59	29	9	14	4	1	...	2	...
Syphilis	64	15	13	14	16	4	...	1	1
Cancer	65	...	...	...	17	2	14	18	14
Diabetes	30	1	...	16	4	3	1	5	...
Purpura	11	6	...	1	2	...	...	1	1
Anæmia	40	2	25	5	8	...	...	...	...
Dropsy	335	58	35	58	22	15	5	86	56
DISEASES OF NERVOUS SYSTEM—									
Brain—									
Meningitis	4	...	1	1	1	...	...	...	1
Apoplexy	10	...	...	...	1	...	...	8	1
Hydrocephalus	2	1	...	...	...	...	...	1	...
Spinal cord	10	1	...	1	2	2	...	2	2
Nerves—									
Paralysis	15	3	1	4	4	1	...	2	...
„ hemiplegia	119	10	8	47	27	14	5	5	3
„ paraplegia	81	13	6	29	10	11	3	6	3
„ facial	3	1	...	1	1	...	...	...	...
Lead palsy and colic	45	22	5	12	2	4	...	...	...
FUNCTIONAL DISEASES OF NERVOUS SYSTEM—									
Epilepsy	138	7	6	63	53	2	5	1	1
Chorea	114	27	59	9	12	1	1	...	5
Hysteria	58	...	32	...	25	...	1	...	...

DISEASE.	No.	RESULT.							
		Cured.		Relieved.		Not relieved.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.
FUNCTIONAL DISEASES OF NERVOUS SYSTEM (<i>continued</i>)—									
Neuralgia	26	7	12	3	3	1	...	...	...
„ sciatica	29	14	2	9	3	...	...	...	1
Hypochondriasis	1	...	...	1	...	...	...	...	...
Delirium tremens	25	19	2	2	...	...	...	2	...
DISORDERS OF THE INTELLECT—									
Mania	7	...	3	...	2	...	1	...	1
DISEASES OF THE EYE	} <i>Vide Surgical Tables.</i>								
„ OF THE EAR									
„ OF THE NOSE									
DISEASES OF THE CIRCULATORY SYSTEM—									
<i>Heart and its membranes—</i>									
Pericarditis	71	15	16	17	8	...	...	8	7
Endocarditis	68	5	4	25	33	...	...	...	1
Valvular disease	258	4	...	80	64	11	3	56	40
<i>Arteries—</i>									
Aneurism	21	...	...	3	3	1	...	13	1
<i>Veins—</i>									
Phlebitis	10	1	7	...	...	...	...	...	2
DISEASES OF DUCTLESS GLANDS—									
Bronchocele	1	...	...	...	1	...	...	...	...
DISEASES OF RESPIRATORY SYSTEM—									
<i>Larynx</i>									
Larynx	23	2	4	7	6	...	...	3	1
<i>Trachea and bronchi—</i>									
Bronchitis	299	73	54	85	33	4	2	25	23
Asthma	7	1	1	3	2	...	...	...	...
<i>Lung—</i>									
Pneumonia	123	66	23	11	...	1	...	19	3
Emphysema	40	2	...	20	10	...	...	7	1
Phthisis	602	4	3	254	119	22	13	123	64
<i>Pleura—</i>									
Pleurisy	64	30	11	9	1	2	...	8	3
Empyema	19	1	...	6	...	3	...	9	...
DISEASES OF BLADDER	3	1	...	1	...	...	...	1	...

DISEASE.	No.	RESULT.							
		Cured.		Relieved.		Not relieved.		Died.	
		M.	F.	M.	F.	M.	F.	M.	F.
DISEASES OF THE GENERATIVE SYSTEM—									
Ovaries	40	...	2	...	25	...	5	...	8
Uterus	193	...	82	...	89	...	15	...	7
DISEASES (FUNCTIONAL) OF THE FEMALE ORGANS—									
Amenorrhœa	60	...	34	...	26	...	...	...	...
Menorrhagia	31	...	20	...	10	...	1	...	...
DISEASES OF ORGANS OF LOCOMOTION—									
Periostitis	61	30	16	12	3	...	...	...	...
DISEASES OF THE CUTANEOUS SYSTEM—									
Lichen	7	1	6	...	...	...	...	...	...
Psoriasis	13	2	5	2	3	1	...	...	...
Herpes	3	1	1	1	...	...	...	...	...
Eczema	33	9	16	4	4	...	...	...	...
Impetigo	6	1	3	1	1	...	...	...	...
Rupia	5	2	2	1	...	...	...	...	..
POISONING	96	31	48	7	...	2	...	1	7

TABLE V.—*Showing the Causes of Death in 84 Cases.*—1862.

CAUSE OF DEATH.	Total.		Deaths.		DISEASE, ACCIDENT, OR OPERATION.
	M. & F.		M.	F.	
Shock and extent of injury combined	20		15	5	Fractures and internal injuries, 7; burns and scalds, 13.
Cerebral disease	2		2	..	One was admitted for disease of knee-joint, and the other for disease of eye.
Inflammation of brain and men- branes	4		4	..	After fractures of cranial bones and laceration of brain.
Delirium tremens	1		1	..	After compound fracture of leg, on second day.
Tetanus	1		..	1	After burns.
Disease of arterial system	1		..	1	After herniotomy.
Hæmorrhage	1		1	..	From wound of leg, involving posterior tibial vessels.
Pleurisy	1		1	..	From punctured wound of thorax and hæmorrhage.
Peritonitis	7		4	3	After herniotomy, 5; after lithotomy, 1; ovarian disease, 1.
" and bronchitis	1		1	..	After herniotomy.
" and pleurisy	1		1	..	After thoracic and abdominal injuries.
Tuberculosis	5		2	3	Disease of bones, 3; disease of joints, 2.
Renal disease	2		2	..	After lithotomy, 1; renal calculus and urinary fistulæ, 1.
Pyæmia and secondary deposits	5		5	..	{ After amputations above knee-joint, 2; after abscess on hand and absorb- ent inflammation, 1; secondary deposits in spleen after scalp wound, 1; secondary deposits in leg after perineal section for rupture of urethra, 1.
Sloughing and pneumonia	1		1	..	After excision of knee-joint for aneurysmos.
Phagedænic sloughing	2		..	2	Accompanying disease of knee-joint, 1; venereal, 1.
Septicæmia	1		1	..	After secondary amputation of leg for compound fracture.
Erysipelas	4		3	1	After fracture of spine, 1; phlegmonous, 3.
Cancer	6		5	1	
Dropsy	1		..	1	Admitted for ulcerations.
Exhaustion, produced by suppu- ration or effects of injuries on the aged	13		8	5	{ From contused wounds, &c., 1; burns, 2; diseased bones, 2; diseased joints, 2; after extravasation of urine, &c., 1; after comp. fract. of leg, 1; after ampu- tation of leg for fract. femur, 1; after fract. femur and abscesses, 1; fract. femur and age, 1; after abscission of omental tumour, jaundice, &c., 1.
Dead when brought in	4		3	1	
Total	84		60	24	

TABLE V.—*Causes of Death in 74 Cases, —1863.*

Cause of death.	Total.	M.	F.	After operation.	After accident; no operation.	After disease.
Shock and extent of injury	17	11	6	...	{ 3 males from fracture of several bones at once; 8 males and 6 females from burns and scalds.	...
Brain disease . . .	1	1	...	...	...	{ Embolism, softening of corpus striatum; subject of hæmorrhoids.
Inflammation of brain and membranes . . . }	4	3	1	...	{ 2 males and 1 female from fractured skull; 1 male scalp wound and abscess in brain.	...
Compression of brain .	2	2	...	...	{ 2 males from fracture at base of skull.	...
Convulsions . . .	1	...	1	...	After burns.	...
Delirium tremens . . .	1	1	...	...	Subject of cut throat.	...
Paraplegia . . .	3	3	...	...	After fractures of spine.	...
Disease of arterial system . . . }	2	2	...	...	...	{ Aneurism of aorta, 1; scirrhous gangrene, 1.
Bronchitis . . .	1	1	...	...	...	...
Pleurisy and pneumonia .	2	2	...	After operation for harelip .	After fractures of ribs.	{ 2 males subjects of fistula; 1 male subject of diseased knee-joint and amputation; 1 male subject of calculous disease of bladder; female subject of diseased shoulder-joint.
Tuberculosis . . .	5	4	1	...	...	...

Renal disease	2	1	1		Female subject of compound fracture of leg.	Male subject of disease of femur.
Peritonitis	8	5	3	{	{ 2 males after rupture of intestine; 1 male after gunshot wound and perforation; 1 male after rupture of liver and hepatic duct.	...
Pyæmia and secondary deposits	3	3	...	{	{ 1 male after compound fracture of leg.	...
Erysipelas (phlegmonous)	2	2	...	{	{ After wounds of hand.	...
Cancer	1	1	...	{	{ ...	Cancer of glands of neck.
Scarlet fever	1	1	...	{	{ ...	...
Exhaustion — suppuration and diarrhœa, age, &c. . }	14	11	3	{	{ 1 male after lacerated and contused wound of arm (amputation too late); 3 males after burns, and 2 males after scalds.	{ 1 male and 1 female after abscesses and discase of hip-joint; 1 male after abscess connected with acute necrosis of femur (also pneumonia, pyæmic); 1 female from sloughing in groin.
Dead when brought in	4	3	1			
Total . . .	74	57	17			

Statement of Cases of Pyæmia or Secondary Deposits.—1863.

1. Seat of deposit in chest; m., æt. 28; waterman; disorganized knee-joint after punctured wound—amputation; date of first rigor 7th day after amputation; lived after first rigor 9 d.—Ol. Terebinth. \mathfrak{m}_{xxx} , 3tiis horis. for 2 d.; Bismuth and Opium, 4tis horis, for 18 hrs.

2. Seat of deposit in chest; m., æt. 42; carrier; compound fracture of tibia and fibula; date of first rigor 18th day; lived after first rigor 5 d.—Subject to epistaxis and vomiting of blood; no special treatment adopted.

3. Seat of deposit on back of hand, over second metacarpal bone; m., æt. 47; ship's carpenter, man of colour; extravasation of urine, strictural—perineal section; date of first rigor 6th day after operation; lived after first rigor 8 d.—Subject also to hæmorrhage from intestines; no special treatment adopted.

Diseases and Injuries.—1864.

Delirium tremens 3; C. 1, D. 2.

In the 2 fatal cases the disease was a complication of fracture of the lower extremity.

Epilepsy 2; N. R.

Tetanus 2, D.

The disease complicated a scald and a burn.

Aneurism 2; C. 1, D. 1. Epistaxis 2, C. Hæmorrhoids 2, C.
Nævus 1, C. Varicocele 2, C. Varix 4, C.

Mouth and throat (surgical affections of) 15; C. 6, N. R. 7, D. 2.

In 10 cases malignant growth or ulceration; in 1 case accidental impaction of a bone in throat.

Hernia 23; C. 17, R. 2, D. 4.

Rectum and anus (surgical affections of) 16; C. 8, R. 5, N. R. 1, D. 2.

Amussat's operation for the relief of malignant stricture of rectum in the fatal case.

Prostatic diseases 4; R. 1, N. R. 1, D. 2.

Tubercular disease in a boy æt. 17, mistaken at first for stone. Retention in one. Large presumably malignant tumour in the other fatal case.

Vesical diseases 4; C. 1, R. 2, N. R. 1. Calculus vesicæ 13, C. 8, R. 3, D. 2.

Stricture of urethra 23, C. 11, R. 8, D. 4.

In 1 case death from pulmonary mischief; in 1 from renal disease; in 2 after perineal section.

Gonorrhœa 2; C. 1, Dis. 1.

Hydrocele 11; C. 7, R. 4.

Encysted hydrocele in 2 cases.

Orchitis 3; C. 2, R. 1. Phimosi and paraphimosi 4, C. Testis and spermatic cord (diseases of) 4; C. 1, R. 3. Breast (diseases of) 8; C. 5, R. 1, N. R. 2. Lymphatic glands (diseases of) 5; C. 3, R. 1, D. 1.

Eye (diseases and injuries of) 18; C. 6, R. 11, N. R. 1.

Of diseases of the eye, 3 were cataracts, 2 opacities of the cornea, 2 strumous ophthalmia, 1 iritis, 1 amaurosis, 1 ulcer of the cornea.

Ear 1, C. Erysipelas 6; C. 5, D. 1. Cutaneous eruptions 8; C. 4, R. 3, N. R. 1.

Ulcer 67; C. 45, R. 14, N. R. 5, D. 3.

In 1 fatal case tuberculosis, in 1 empyema, in 1 hepatic disease. Amputation for inveterate ulcer in 1 case of recovery.

Abscess 58; C. 50, R. 1, N. R. 1, D. 6.

Death in 2 cases from concomitant pulmonary tubercle; in 2 hæmorrhagic diathesis.

Carbuncle 4; C. 3, D. 1.

Gangrene 4, D.

In 1 case senile gangrene; in 1 senile, for which amputation of leg; in 1 traumatic; in 1 cachectic.

Spinal diseases 12; R. 5, N. R. 6, D. 1. Caries 14; C. 5, R. 6, D. 3.

Exostosis 2; N. R. 1, D. 1. Periostitis 5; C. 2, R. 3.

Necrosis 22; C. 13, R. 4, N. R. 2, D. 3.

In 1 case temporary partial hemiplegia complicated frontal necrosis. In 1 fatal case phthisis, in 1 acute necrosis, in 1 exhaustion after amputation of the thigh.

Joints (diseases of) 68; C. 39, R. 22, N. R. 3, D. 4.

In 1 case successful removal of foreign body from knee-joint. Amputation of the wrist for strumous disease in 1.

Bursæ (diseases of) 10, C.

All of bursa patellæ.

Contusions and sprains 109; C. 104, R. 2, D. 3.

Among these are included cases of concussion of the brain having no important associated feature. In 1 fatal case abdominal injury, in 1 contusion of brain, in 1 bronchitis.

Wounds 90; C. 83, Dis. 1, D. 6.

In 2 fatal cases intracranial suppuration, in 1 intracranial hæmorrhage, in 1 collapse, in 2 arterial hæmorrhage.

Simple fractures 200; C. 181, R. 4, N. R. 3, D. 12.

The causes of death were in 3 fracture of skull, in 1 fracture of base, in 3 injury of lung by broken rib, in 1 pneumonia, in 1 senility. One case of fracture of ilium (its ala) recovered from; also 1 recovery from fracture of base of skull (?)

Compound fractures 29; C. 17, D. 12.

In 1 case necrosis after fracture of inferior maxilla; in 1 case of death compound fracture of pelvis; in 1 after double, in 1 after single, amputation of leg; in 3 cases compound fracture of skull; in 5 pyæmia; in 1 hæmorrhage.

Dislocations 15; C. 13, R. 1, D. 1.

In the fatal case dislocation at the sacro-iliac articulation, with rupture of liver.

Burns and scalds 52; C. 35, R. 4, D. 13.

Deformities 15; C. 4, R. 6, N. R. 4, D. 1.

In the 1 fatal case congenital occlusion of rectum; 1 unrelieved case of extroversio vesicæ; 1 harelip, operation. cure.

All other causes 56.

Two cases brought in dead, 1 nearly dead; 2 cases of uterine tumour, 1 fatal; 1 fibrous tumour of vagina, removed; 1 hydatid tumour of back; 1 wart at female meatus urinarius; 1 fatty, 1 vascular, tumour; 1 recurrent fibroid, 1 sebaceous; 1 ingrowing toe-nail; 2 hysteria; 2 unexplained pains; 1 swallowing of tobacco-pipe and fright thereupon.

Diseases and Injuries.—1865.

Delirium tremens 8; C. 6, D. 2.

The two fatal cases followed fracture of the lower extremity.

Hydrophobia 2, D. Tetanus 2, D.

Aneurism 2; C. 1, D. 1.

In the fatal case the femoral artery had been tied in Scarpa's triangle. Hemiplegia preceded death.

Epistaxis 1, C. Hæmorrhoids 11; C. 9, R. 2. Varicocele 2; C. 1, Dis. 1. Varix 6; C. 2, R. 4.

Mouth and throat (surgical affections of) 7; C. 2, R. 2, N. R. 2, D. 1.

In the fatal case malignant disease of the tongue.

Hernia 29; C. 22, R. 1, N. R. 2, D. 4.

In 1 case ventral hernia at the site of incision for ligature of external iliac last year.

Rectum and anus (surgical affections of) 17; C. 15, R. 2.

Prostatic 2, D.

In 1 fatal case encephaloid disease of the gland.

Vesical 10; C. 1, R. 9.

Calculus vesicæ 9; C. 7, R. 1, D. 1.

One case was rather calculus urethræ, and urethrotomy was successfully performed. The fatal case died before operation. In 1 case the calculus was represented by a fragment of bougie.

Stricture of urethra 33; C. 18, R. 12, N. R. 1, D. 2.

Hydrocele 15; C. 13, R. 1, N. R. 1.

In the unrelieved case hydrocele of the cord.

Orchitis 4, C. Phimosis and paraphimosis 3, C. Testis and spermatic cord (diseases of) 1, C.

Breast (diseases of) 10; C. 7, N. R. 3.

In 5 cases carcinoma, 2 of which were cured by amputation, the rest unrelieved.

Lymphatic glands (diseases of) 2, C. Eye (diseases and injuries of) 33; C. 11, R. 17, N. R. 4, Dis. 1.

Erysipelas 6; C. 4, Dis. 1, D. 1.

In the fatal case pyæmia followed erysipelas.

Cutaneous 5; C. 3, R. 2.

Ulcer 26; C. 17, R. 6, D. 3.

In 1 fatal case albuminuria and frequent epistaxis; in 1 empyema; in 1 necrosis of frontal bone.

Abscess 52; C. 37, R. 8, D. 7.

In 2 of the fatal cases acute abscess; in 2 empyema; in 1 concurrent phthisis; in 2 hectic caused death.

Carbuncle 2, C.

Gangrene 3; C. 2, Dis. 1.

One patient sent away insane; 1 case of recovery from senile gangrene.

Spinal diseases 14; C. 3, R. 5, N. R. 5, D. 1.

In the fatal case and in 1 of the non-relieved cases paraplegia.

Caries 9; C. 4, R. 4, D. 1.

In the fatal case thoracic complications were present. In 1 case Pirogoff's operation successfully performed.

Necrosis 29; C. 21, R. 5, N. R. 1, D. 2.

In 1 of the fatal cases necrosis of the femur; in the other hæmorrhage after amputation of the leg.

Periostitis 7; C. 3, R. 4. Exostosis 1, C.

Joints (diseases of) 74; C. 33, R. 30, D. 11.

In 4 of the fatal cases morbus coxæ; in 2 amputation of the thigh; in 2 tuberculosis; in 1 pulmonary apoplexy.

Bursæ (diseases of) 11: C. 9, R. 1, N. R. 1.

Contusions and sprains 122; C. 106, R. 13, D. 3.

In 1 fatal case injury to head, in the 2 others to abdomen.

Wounds 93; C. 86, R. 6, N. R. 1, Dis. 1, D. 4.

One death from pyæmia; 3 from cut throats.

Simple fractures 200; C. 191, R. 5, D. 4.

In 2 of the fatal cases fracture of pelvis; in 1 fracture of spine; in 1 of rib, with laceration of lung.

N.B.—Seven cases not reckoned as fractures, but as delirium tremens and erysipelas.

Compound fractures 24; C. 15, D. 9.

Five deaths after fracture of the skull; 3 from pyæmia; 1 of shock.

Dislocations 8; C. 7, D. 1.

In the fatal case dislocation of the pelvis.

Burns and scalds 53; C. 37, R. 2, D. 14.

Deformities 10; C. 4, R. 3, N. R. 3.

Two cases after burn; 1 case of ingrowing toe-nail; 4 cases of talipes (1 of talipes equinus, C.; 2 of talipes varus, C.; 1. N. R.); 1 man cured of fissure of the palate.

All other diseases 103.

Under this heading are 8 fatty tumours, C.; 4 malignant, N. R.; 2 malignant, C.; 1 fatty, C. 1 neuralgia of stump, R. 2 neuralgia, R. 2 primary amputations of thigh, C.; 1 finger, C.; 1 arm, D.; 1 wrist, C.

PART II.

CHOREA.

1. M.; æt. 9; ill 1 mo.; 1st attack; in hosp. 53 d. —Liq. Pot. Ars. $\mathfrak{m}\mathfrak{v}$, Dec. Cinch. $\mathfrak{z}\mathfrak{j}$, t. d.;—cold shower-bath. C.

2. M.; æt. 11; ill 1 mo.; 1st attack; in hosp. 30 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{v}$, Dec. Cinch. $\mathfrak{z}\mathfrak{j}$, t. d.;—cold shower-bath. C.

3. F.; æt. 7; ill 2 mos.; 1st attack, right side only affected; in hosp. 15 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{v}$, Dec. Cinch. $\mathfrak{z}\mathfrak{j}$, t. d.;—cold shower-bath. C.

4. M.; æt. 10; ill 6 wks.; 1st attack, alleged cause fright; in hosp. 17 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{v}$, t. d.;—cold shower-bath. C.

5. M.; æt. 12; ill 2 mos.; 1st attack, asystolic murmur audible at apex; in hosp. 10 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{v}$, t. d. C.

6. F.; æt. 11; ill 2 wks.; 2nd attack, originating in a fright, heart-sounds healthy, no rheumatic complication; in hosp. 30 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{i}\mathfrak{j}$, t. d.;—cold shower-bath. C.

7. F.; æt. 11; ill 3 wks.; 1st attack, heart healthy; in hosp. 36 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{i}\mathfrak{j}$ ex Inf. Gent. co., t. d., 17 d.; Liq. Pot. Ars. $\mathfrak{m}\mathfrak{i}\mathfrak{v}$ ex Inf. Gent. co., t. d., 17 d.;—cold shower-bath (tepid). C.

8. F.; æt. 5; ill 11 wks.; 1st attack; in hosp. 41 d.;—Zinc. Sulph. gr. j, Inf. Val. $\mathfrak{z}\mathfrak{ss}$, t. d., 4 d.; Zinc. Sulph. gr. ij, Inf. Val. $\mathfrak{z}\mathfrak{ss}$, t. d., 11 d.; Zinc. Sulph. gr. ij, Dec. Cinch., t. d., 17 d.; shower-bath daily, 21 d.; Ferri Citrat. gr. ij, Inf. Calumb. $\mathfrak{z}\mathfrak{ss}$, t. d., 6 d. C.

9. F.; æt. 10; ill 5 wks.; 3rd attack; in hosp. 28 d.;—Zinc. Sulph. gr. ij, Inf. Val., t. d., 7 d.; Zinc. Sulph. gr. ij, Inf. Val., t. d., 21 d.;—shower-bath daily, 14 d. C.

10. F.; æt. 16; ill 18 d.; 1st attack, had rheumatism about her for 6 mos., heart-sounds healthy, right side chiefly affected; in hosp. 31 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{i}\mathfrak{j}$, Inf. Casc. $\mathfrak{z}\mathfrak{j}$, t. d., 11 d.; Pot. Bicarb. gr. x, Pot. Nit. gr. v, Inf. Calumb. $\mathfrak{z}\mathfrak{j}$, t. d., 19 d.; Pil. Dov. c. Hyosc. gr. v, o. n., 17 d. C.

11. M.; æt. 8; ill 2 wks.; 2nd attack, previous attack a year ago, and lasted 6 wks.; in hosp. 55 d.;—Ferri Citrat. gr. iv, t. d., 7d.; Ferri Carb. $\mathfrak{z}\mathfrak{ss}$, P. Dov. gr. iv, o. n., 19 d.; M. F. c. Q. $\mathfrak{z}\mathfrak{ss}$, t. d., 17 d.; Liq. Arsenical. $\mathfrak{m}\mathfrak{i}\mathfrak{j}$, Inf. Gent. co., t. d., 11 d.; cold shower-bath daily, 40 d. C.

12. M.; æt. 9; ill 2 wks.; 1st attack, convergent strabismus right eye; in hosp. 77 d.;—Zinci Sulph. gr. j, Inf. Val. $\mathfrak{z}\mathfrak{ss}$, t. d., 4 d.; Zinci Sulph. gr. ij, Inf. Val. $\mathfrak{z}\mathfrak{ss}$, t. d., 3 d.; Zinci Sulph. gr. iij, Inf. Val. $\mathfrak{z}\mathfrak{ss}$, t. d., 4 d.; Zinci Sulph. gr. iv, Inf. Val. $\mathfrak{z}\mathfrak{ss}$, t. d., 3 d.; Liq. Pot. Ars. $\mathfrak{m}\mathfrak{i}\mathfrak{v}$, Inf. Gent. co. $\mathfrak{z}\mathfrak{j}$, t. d., 28 d.; Mist. Q. c. F. $\mathfrak{z}\mathfrak{ss}$, b. d., 17 d.; Mist. Q. c. F. $\mathfrak{z}\mathfrak{ss}$, t. d., 14 d.; Mist. Q. c. F. $\mathfrak{z}\mathfrak{ss}$, q. q., 10 d. C.

13. F.; æt. 10; ill 3 mos.; 1st attack, worse 2 wks., headache and occasional sickness; in hosp. 43 d.;—Zinc. Sulph. gr. j, Inf. Val. $\mathfrak{z}\mathfrak{ss}$, t. d., increased gradually to gr. ix. C.

14. F.; æt. 8; ill 2 wks.; 1st attack; in hosp. 59 d.;—Zinci Sulph. gradually increased from gr. j to gr. xx, t. d.;—cold shower-bath, at first every other and then every day. C.

15. F.; æt. 13; ill 1 mo.; 3rd attack, the third within two yrs.; in hosp. 4 mos.;—Ferri Carb. e. Sacch. increased from gr. x to gr. xxv, t. d., 2 wks.; Zinci Sulph. from gr. j to gr. xx, P. Dov. gr. iij, Ext. Hyosc. gr. ij, o. n., 57 d.; Liq. Pot. Ars. miiij, bath daily, 6 d.; M. Q. c. F. ʒss, b. d., 4 d.; M. Q. c. F. ʒss, t. d., 21 d. C.

16. F.; æt. 57; ill 4 mos.; 1st attack, commenced after a severe fright—head, neck, face, and upper extremities affected—heart-sounds flat, but without murmur—she improved in general health and strength during her stay, but the choreic symptoms showed little improvement—she became a little steadier under the arsenic, but it occasioned severe headache; in hosp. 5 mos.;—Ferri Carb. e. Sacch. from gr. x to gr. xxv, t. d., 17 d.; Liq. Pot. Ars. from miv to mvij, t. d., 38 d.; Zinc. Sulph. ex Inf. Val. from gr. xj to gr. xx, t. d., 3 mos. R.

17. M.; æt. 10; ill 1 mo.; 2nd attack, last 2 yrs. ago; in hosp. 20 d.;—Zinc. Sulph. gr. j to gr. viij, t. d. C.

18. F.; æt. 12; ill 1 mo.; 6th attack; in hosp. 30 d.;—Ferri Carb. e. Sacch. gr. v to gr. x. C.

19. F.; æt. 12; ill 2 mos.; 6th attack; in hosp. 41 d.;—Syr. Ferri Cit. e. Quin. ʒss, t. d., 23 d.; M. Stom. ʒss, t. d., 14 d. C.

20. F.; æt. 12; ill 3 mos.; 3rd attack, systolic murmur at apex; in hosp. 31 d.;—Liq. Pot. Ars. miiij, t. d. C.

21. F.; æt. 12; ill 2 wks.; 3rd attack, last attack 2 yrs. ago; in hosp. 22 d.;—Liq. Pot. Ars. miiij, t. d. C.

22. F.; æt. 10; ill 2 wks.; in hosp. 28 d.;—Zinc. Sulph. from gr. ij to gr. vij, b. d. C.

23. F.; æt. 18; systolic murmur at apex; in hosp. 67 d.;—M. Q. c. F., t. d., 3 d.; Liq. Pot. Ars. miv, 4 d.; Liq. Pot. Ars. mv, 58 d. C.

24. F.; æt. 12; ill 6 wks.; 1st attack, systolic murmur at apex; in hosp. 34 d.;—Ol. Tereb. mxx, t. d., 18 d.; M. Ferri co. ʒss, t. d., 16 d. C.

25. F.; æt. 10; ill 8 wks.; mitral murmur; in hosp. 42 d.;—Ferri Carb. e. Sacch. gr. vj, 10 d.; Ferri Carb. e. Sacch. gr. x, 4 d.; Ol. Tereb. mxxv, t. d., 10 d.; Liq. Pot. Ars. miiij, 14 d. (Taken out by mother.) R.

26. M.; æt. 8; ill 6 wks.; systolic murmur at apex; in hosp. 49 d.;—Liq. Pot. Ars. miiij, t. d., 9 d.; Liq. Pot. Ars. miiij, b. d., 4 d.; Liq. Pot. Ars. miv, t. d., 7 d.; Ferri Carb. e. Sacch. gr. x, 27 d. C.

27. F.; æt. 13; ill 4 mos.; 1st attack, mitral murmur, fatuous expression—a week after admission had 3 epileptic fits, and was removed shortly afterwards by parents; in hosp. 10 d.;—Ferri Carb. e. Sacch. gr. x, t. d.;—shower-bath daily. R.

28. F.; æt. 18; ill 2 wks.; 1st attack; in hosp. 50 d.;—Liq. Pot. Ars. mv, t. d. C.

29. M.; æt. 6; 3rd attack; in hosp. 29 d.;—Ferri Citrat. gr. iij, t. d.; Ol. Morrhuæ ʒj, t. d. C.

30. F.; æt. 8; ill 3 mos.; 1st attack; in hosp. 85 d.;—Tr. Ferri Sesquichl. ʒv, Mist. Nitro-Mur. ʒj, t. d., 11 d.; P. Dov. gr. iiss, b. d., 10 d.; Ferri Sescarb. ʒj, t. d., 31 d.; Sp. Am. Arom. ʒxv, Inf. Val. ʒj, t. d. 21 d.; lc. astringents, 9 d. C.

31. F.; æt. 7; ill 2 wks.; 3rd attack; in hosp. 50 d.;—Glycerine ʒss, Syr. Ferri Iod. ʒxv, t. d.; P. Dov. gr. ij, b. d., 37 d. C.

32. F.; æt. 10; ill 1 yr.; 1st attack; in hosp. 66 d.;—Ferri Carb. ʒss, t. d., 43 d.; Ol. Morrhuæ ʒij, b. d., 24 d.; Quin. Dis. gr. j ex M. Nitro-Mur., b. d., 17 d. C.

33. F.; æt. 7; ill 1 wk.; 1st attack; in hosp. 71 d.;—Zinci Sulph. gr. j to gr. iij, 12 d.; Syr. Ferri Iod. ʒss, Pulv. Dov. gr. ij, b. d., 30 d.; Ferri Cit. gr. iij, t. d., 18 d. C.

34. M.; æt. 15; ill 1 mo.; 1st attack—rheumatism 4 mos., choreic 1 mo.—mitral murmur; in hosp. 5 wks.;—M. Ferri c. Quin., t. d., Pulv. Dov. gr. iv, b. d., 7 d.; Tr. Ferri Sesquichl. ʒxv, Mist. Nitro-Mur., t. d., 23 d. C.

35. M.; æt. 10; ill 6 wks.; 1st attack; in hosp. 21 d.;—Mist F. c. Q., t. d. C.

36. M.; æt. 6; ill 6 wks.; 1st attack; in hosp. 43 d.;—Tr. Ferri Sesquichl. ʒvij, 14 d.; Ferri Sescarb. ʒj, 22 d.; P. Dov. gr. iiss, b. d. C.

37. M.; æt. 7; ill 3 wks.; 2nd attack (No. 36 readmitted); in hosp. 21 d.; Zinci Sulph. gr. j, 4 d.; shower-bath alt. diebus; Ferri Cit. gr. ij, 7 d.; Mag. Sulph. ʒj, 10 d.; Ol. Morrhuæ ʒj, 3 d. R.

38. F.; æt. 17; ill 6 wks.; 2nd attack—movements severe in the extreme, muscles of face and extremities incessantly contorted, movements worse at night, pulse not much quickened, skin cool, tongue moist and clean, disease of both aortic and mitral valves discovered after death; in hosp. 8 d.;—P. Dov. gr. viij, o. n.; Liq. Ars. ʒiv, Dec. Cinch. ʒj, t. d.; Liq. Vesicat. nuchæ; Liq. Morph. Mur. ʒxv, Æth. Chlor. ʒx, M. C. ʒj, p. r. n. s.; wine ʒiv. Died.

39. F.; æt. 15; ill 1 mo.; 1st attack, attributed to fright—choreic movements general, heart-sounds healthy, pulse at first not frequent but feeble, tongue at first clean and moist but latterly dry and brown, and symptoms of asthenia became general, the convulsive movements slightly affecting neck and face—bed-sores occurred from the friction; in hosp. 34 d.;—Zinc. Sulph. gr. ij, 3 d.; Zinc. Sulph. gr. iv, Ext. Belladon. gr. ¼, 7d.; Liq. Pot. Ars. ʒiv, Dec. Cinch. ʒj, 11 d.; Dec. Cinch. c. Tr. Hyosc. ʒxv, 8 d.; Dec. Cinch. c. Ext. Conii gr. v, 4 d.; Dec. Cinch. c. Liq. Morph. Mur. ʒv, 3. d.; Tr. Cinch. ʒj, Liq. Morph. Mur. ʒiij, Dec. Cinch. ʒj, 4tis, 4 d.; Haust. Morph. Mur. (ʒxx), si opus sit; wine increased from ʒij to ʒiij. Died.

40. F.; æt. 11; ill 2 wks.; 1st attack; in hosp. 6 d.;—P. Scam. c. Hydr. gr. xij, alt. aur. C.

Of the 40 cases treated, 13 were males, 27 females.

Of the 13 males, 12 were cured and 1 relieved.

Of the 27 females, 22 were cured, 3 relieved, and 2 died.

Of the cures, 10 were treated by arsenic alone; average stay in hosp. 29·4 days.

„	5	„	zinc	„	„	„	35·6	„
„	9	„	iron	„	„	„	40	„
„	2	„	zinc and iron	„	„	„	56	„
„	3	„	iron and arsenic	„	„	„	48·6	„
„	2	„	zinc, iron, and arsenic	„	„	„	99·5	„

One case was admitted at the age of 5; 2 at 6; 4 at 7; 4 at 8; 2 at 9; 8 at 10; 4 at 11; 6 at 12; 2 at 13; 2 at 15; 1 at 16; 1 at 17; 2 at 18; and 1 at 57.

PLEURODYNIA.

1. M.; æt. 25; ill 3 d.; in hosp. 8 d.;—Empl. Canth. lateri dolenti. C.
2. F.; æt. 19; in hosp. 6 d.;—Tr. Guaiaci eo. ʒj, t. d. C.
3. F.; æt. 60; ill 1 yr.; in hosp. 13 d.;—Vin. Coleh. mxxv, Tr. Hyose. mxx, Pot. Bicarb. gr. x, Inf. Gent. eo. ʒj, t. d., 10 d.; Empl. Canth. lateri sinistro. C.
4. F.; æt. 28; ill 9 wks.; after being in the hosp. 5 d. the pain shifted from the side and struck through from the upper part of the sternum to the back, the tongue remaining clean and the appetite good—this, however, was removed by the second blister; in hosp. 10 d.;—C. S. C. lat. sinistro; Mist. Quinæ, t. d.; Empl. Canth. inter scapulas. C.
5. F.; æt. 22; ill 3 yrs.; has had the pain in her left side for 3 yrs., worse 4 mos.; in hosp. 25 d.;—Tr. Hyose. ʒss, Inf. Calumb. ʒj, t. d., 20 d.; Cat. Sinap. part. dolent.; Vin. Coleh. mxxv, Mist. Pot. Iod. ʒj, t. d., 4 d. R.
6. M.; æt. 50; ill 6 wks.; some headache and anorexia, a white tongue and thirst, pain in left side, some jaundice, no cough, lithuria; in hosp. 16 d.;—Cat. Sinap. lat. dolent.; Mist. Colch. ʒj, t. d., 7 d.; P. Dov. gr. v, o. n.; Mist. Pot. Iod. ʒj, t. d., 8 d. C.
7. F.; æt. 55; pain affects left side, palpitation, complained of pain at urethral orifice, but nothing abnormal was discovered; in hosp. 21 d.;—Cat. Sinap. lat. dolent.; Tr. Opii mv, M. Stom. ʒj, t. d., 10 d.; Empl. Lytt. lat. sinistro; Empl. Belladounæ lat. sin.; Sp. Am. Arom. ʒss, Tr. Card. eo. ʒj, Inf. Gent. eo. ʒj, t. d. R.
8. F.; æt. 58; ill 8 mos.; had same thing on and off 2 yrs., constant pain in left side of the chest, worse at night, increased by forced inspiration, no cough, leucorrhœa, appetite fair, some dyspepsia, pyrosis occasionally, heart-sounds healthy; in hosp. 16 d.;—Cat. Sinap. reg. cordis; Empl. Lyttæ lat. sinistro; M. Stom. ʒj, t. d. R.
9. F.; æt. 28; in hosp. 1 mo.;—Empl. Lytt. lat. sinistro; Pot. Nit. ʒj, Pot. Bicarb. ʒj, Sp. Æth. Nit. ʒss, Aquæ ʒj, t. d., 7 d.; vapour-bath alt. diebus, 10 d.; Pil. Sap. e. Opio gr. v, o. n.; Ferri Cit. gr. v, h. d., 21 d. C.

It may be noticed that in every case but Nos. 1 and 2 (in which the site is not specified) the pain was on the left side.

In all but No. 2 counter-irritation was adopted.

In 2, 3, and 6, the pain yielded to anti-rheumatic remedies; in 1, to the simple application of a blister; in 4, to dry cupping and quina; in 9, to a firstly saline and finally tonic treatment.

EPILEPSY.

1. F.; æt. 58; ill 2 yrs.; sometimes has as many as 4 or 5 attacks in the day, and again during the night—period of insensibility usually about 5 m., sometimes 20 m.—in infancy and childhood subject to fits—an anticipatory sensation arises from epigastrium, and extends to lip, along left border of sternum—pressure on that spot would produce a fit, and after blistering that spot the fits occurred as mere flushes of heat and became less frequent; in hosp. 23 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{v}$, Inf. Gent. co. $\mathfrak{z}\mathfrak{j}$, t. d., 11 d.; Liq. vesicat. reg. cord.; Empl. Lytt. nuchæ; Pot. Iod. gr. v, Inf. Calumb. $\mathfrak{z}\mathfrak{j}$, t. d., 9 d. R.

2. M.; æt. 23; ill 2 wks.; was seized with a peculiar feeling at epigastrium, rather to left side, which rushed upwards, and then he went off into a fit—has had about a dozen since, all coming on with same symptom; in hosp. 1 mo.;—M. Stom., t. d., 11 d.; Empl. Lytt. lat. sinistro; Liq. Pot. Ars. $\mathfrak{m}\mathfrak{v}$, t. d., 20 d.; seton in neck. R.

3. F.; æt. 23; ill 5 mos.; at beginning of illness 2 or 3 fits a day, lasting about 20 m., now rarer and briefer—a sensation precedes them, rising from upper part of abdomen towards head; in hosp. 18 d.;—Zinci Sulph. gr. ij, Inf. Calumb. $\mathfrak{z}\mathfrak{j}$, t. d. R.

4. F.; æt. 17; ill 10 mos.; formerly 3 fits a day, fewer now, and sometimes none; in hosp. 20 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{v}$, Inf. Gent. co. $\mathfrak{z}\mathfrak{j}$, t. d. R.

5. F.; æt. 21; ill 6 wks.; 1 to 3 in a week, sometimes slight, sometimes severe, the last was 3 hrs.—catamenia excessive, subject to ascarides, much headache; in hosp. 9 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{v}$, Inf. Gent. co. $\mathfrak{z}\mathfrak{j}$, t. d. R.

6. M.; æt. 33; ill 3 mos.; in hosp. 19 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{v}$, t. d.; Empl. Canth. nuchæ; Hirudines $\mathfrak{v}\mathfrak{j}$ p. aur. dextr. Not relieved.

7. F.; æt. 23; ill 2 yrs.; fits occur every 2 or 3 wks.—catamenia excessive and too frequent, fits generally follow catamenia; in hosp. 2 mos.;—Zinci Sulph. gr. ij, t. d., 13 d.; Dec. Aloes co. $\mathfrak{z}\mathfrak{ss}$, M. Gent. co. $\mathfrak{z}\mathfrak{j}$, t. d.; Emp. Cauth. nuchæ (3); Hirudines $\mathfrak{v}\mathfrak{j}$ iuguinibus; Cat. Sinap. lumbis alt. n. (10 d.). R.

8. M.; æt. 10; sometimes 8 or 9 fits in a day, generally transient; in hosp. 38 d.;—Liq. Pot. Ars. $\mathfrak{m}\mathfrak{iv}$, t. d., 29 d.; Argent. Nit. gr. $\frac{1}{4}$, t. d., 2 d.; cold shower-bath daily, 16 d. R.

9. F.; æt. 18; ill 2 mos.; 4 or 5 fits in a week, catamenia not appeared, frequent frontal headache; in hosp. 85 d.;—Cold shower-bath daily; M. Ferri co. $\mathfrak{z}\mathfrak{ss}$, b. d., 10 d.; Zinci Sulph. gr. ij, t. d., 10 d.; Zinci Sulph. gr. iv, t. d., 20 d.; Argent. Nit. gr. $\frac{1}{8}$, t. d., 11 d.; Argent. Nit. gr. $\frac{1}{4}$, t. d., 3 d.; Argent. Nit. gr. $\frac{1}{3}$, t. d., 18 d. R.

10. F.; æt. 13; ill 7 yrs.; sometimes 3 fits in day, and 3 or 4 in night, lasting 10 to 15 m.—catamenia not appeared, subject to headache; in hosp. 50 d.;—M. M. c. M. S. $\mathfrak{z}\mathfrak{j}$, Vin. Aloes $\mathfrak{z}\mathfrak{j}$, t. d., 1 mo.; Zinci Sulph. gr. ij, 7 d.; Zinci Sulph. gr. iij, 14 d.; Cat. Sin. lumbis alt. n., 1 mo.; Empl. Lytt. nuchæ. R.

11. M.; æt. $8\frac{1}{2}$; ill 2 yrs.; in hosp. 21 d.;—M. Stom. $\mathfrak{z}\mathfrak{ss}$, Sp. Am. Arom. $\mathfrak{m}\mathfrak{x}\mathfrak{x}$, t. d., 12 d.; Zinci Sulph. gr. ij, t. d., 7 d. R.

12. F.; æt. 13; ill 14 d.; not well 1 yr., for last 14 days many fits—serious cerebral symptoms occurred during her stay, partial blindness, &c.; in hosp. 4 mos. and 9 d.;—Pot. Iod. gr. ij, t. d.; Syr. Ferri Iod. ʒj, b. d.; Liq. Pot. Ars. miv, b. d., &c.; Empl. Lytt. temp. et nuclæ (several). R.

13. M.; æt. 24; ill 2½ yrs.; for 3 yrs. has had chronic purulent otorrhœa—pain in head, but not affecting one side more than the other; in hosp. 10 wks.;—Pot. Iod. gr. iij, Inf. Gent. eo., t. d.; Empl. Lytt. p. aur.; Fontic. p. aur. R.

14. F.; æt. 20; ill 3 yrs.; catamenia appeared when 18; in hosp. 1 mo.;—Zinci Sulph. gr. ij, 3 d.; Zinci Sulph. gr. iv, 18 d.; Ext. Bellad. gr. ¼ ex Mist., 14 d.; Fonticulus nuclæ. C.

15. M.; æt. 11; ill 18 mos.; 2 to 6 fits in a week, no evidence of excessive irritation—some fits during residence in hospital very severe, so as produce subconjunctival ecchymosis—manner extremely variable, sometimes talkative, sometimes taciturn, sometimes rude, sometimes mischievous—occasional severe headache—a well-nourished, healthy looking lad; in hosp. 4 mos.;—Zinci Sulph. gr. ij, t. d., 7 d.; Zinci Sulph. gr. iij, t. d., 15 d.; Hirud. iv p. aures; Empl. Lytt. p. aur.; issue in neck; Aet. Canth. over lower part of vertex; seton in neck; Ext. Bellad. gr. ¼, Pot. Iod. gr. iij, t. d., 10 wks. R.

16. F.; æt. 17; ill 2 yrs.; had a fit 2 yrs. ago, again 2 mos. after, and occasionally since—during last 2 wks. worse, 10 to 12 in 14 hrs.—day before admitted 15—catamenia regular; in hosp. 7 wks.;—M. M. e. M. S. ʒj, Sp. Am. Arom. ʒss, t. d., 3 wks.; Hirud. viij temp.; Zine. Sulph. gr. ij, Am. Sesearb. gr. iv, Inf. Valerian., t. d., 4 wks. R.

17. F.; æt. 19; ill 10 yrs.; a fit every 2 or 3 d., suppressio mensium 8 mos.—shortly after admission catamenia reappeared—after first application of cautery a longer interval of freedom occurred than she had experienced previously for some yrs.; in hosp. 3 mos.;—Zine. Sulph. gr. ij, t. d., 4 d.; Zine. Sulph. gr. iv, remaining time; Ext. Bellad. gr. ¼ ex Mist. Zine.; actual cautery to cervical spine 3 times. R.

18. M.; æt. 36; ill 2 mos.; in hosp. 33 d.;—M. M. e. M. S. ʒj, Sp. Am. Nit. ʒss, 7 d.; Zine. Sulph. gr. ij, 21 d.; Empl. Lytt. nuclæ. R.

19. M.; æt. 13; ill 1 yr.; in hosp. 3 mos.;—Zinc. Sulph. gr. ij, Dec. Aloes eo. ʒss, M. Ferri eo. ʒss, t. d., 51 d.; Fontic. nuclæ; Pil. Q. et F. gr. v, t. d., 38 d. R.

20. M.; æt. 23; ill 5 yrs.; in hosp. 39 d.;—Sp. Am. Arom. ʒss, Dec. Aloes e. ʒss, Inf. Val. ʒss, t. d., 9 d.; Fontic. nuclæ; Zine. Sulph. gr. ij, 8 d.; Zinc. Sulph. gr. iij, 4 d.; Zine. Sulph. gr. iv, 7 d.; M. Stom. ʒj, t. d., 7 d. R.

21. F.; æt. 19; ill 1 yr.; fits somewhat syneopie in character; in hosp. 19 d.;—Zine. Sulph. in increasing doses from gr. ij to gr. v. R.

22. F.; æt. 11; ill 16 mos.—fits at intervals; the large dose finally reached administered without nausea for 4 d., then sickness occurred—very little zinc was detected in the urine, improvement but slight; in hosp. 3 mos.;—Zinc. Sulph. in increasing doses from gr. ij to gr. xlii, t. d. R.

23. M.; æt. 24; ill 4 mos.; when illness began had a fit every 3rd day, now about once in a fortnight—attacks begin by a sensation in mouth and tongue, no loss of

consciousness, but powerlessness, if standing falls, occasional frontal headache; in hosp. 1 mo.;—Zinc. Sulph. in increasing doses from gr. ij to gr. xiv, t. d.; Empl. Lytt. nuchæ. R.

24. F.; æt. 18; ill 1 yr.; at intervals, fits without noise or cry, occasionally delirious; in hosp. 5½ mos.;—M. Stom., t. d., 11 d.; Q. et F. Citrat. gr. iv, 7 d.; Empl. Lytt. nuchæ (3); Zinc. Sulph. in increasing doses from gr. j to ʒj, t. d. R.

25. F.; æt. 15; ill 6 yrs.; fits since 8 yrs. old, appears somewhat fatuous and unable to answer questions correctly; in hosp. 41 d.;—Zinc. Sulph. in increasing doses from gr. j to gr. v; Empl. Lytt. nuchæ. R.

26. F.; æt. 17; ill 7 mos.; paramen. defectio; in hosp. 2 mos.;—M. Stom.; Zinc. Sulph. gr. j to gr. v; Empl. Lytt. nuchæ. R.

27. M.; æt. 32; ill 8 yrs.; at intervals, about 1 in 6 mos.—drinks freely; in hosp. 20 d.;—M. Stom., Sp. Am. Arom. ʒss, Tr. Hyosc. ʒss, t. d., 12 d.; M. Q. et F., t. d.; Empl. Lytt. nuchæ. R.

28. F.; æt. 17; ill 1 yr.; paramen. defectio; in hosp. 1 mo.;—M. Stom., 7 d.; Zinc. Sulph. gr. j to gr. vij, 21 d.; Empl. Lytt. nuchæ. R.

29. M.; æt. 48; ill 2 yrs.; fits at long intervals, singing in ears—drinks freely, 6 or 7 pts. daily; in hosp. 11 wks.;—M. Pot. Iod., t. d., 5 wks.; tonics. R.

30. M.; æt. 32; ill 4 yrs.; sometimes a month between fits—first fancies things moving around him, then moves round himself, then falls insensible and continues so for an hour or more; in hosp. 6 wks.;—M. Pot. Iod., 3 d.; Q. Dis. gr. ij, 21 d.; Hyd. Iod. gr. j, o. n., 11 d.; M. M. e. M. S., t. d., 7 d.; tonics. R.

31. M.; æt. 8½; ill 6 mos.; 5 or 6 fits in a day, generally bites his tongue, pupils dilated; in hosp. 7 wks.;—M. Pot. Iod. ʒij, t. d., 4 d.; Empl. Lytt. nuchæ; Pot. Iod. gr. ij, Ferri. Cit. gr. iv, t. d.; Zinc. Sulph. gr. j to gr. iij, 10 d., &c. R.

32. M.; æt. 19; ill 1 wk.; on 1st day of illness had 9 fits, 14 next day, then 60 or 70 in a day and scarcely an interval of consciousness—on admission rambled and passed motious and water unconsciously, fits 1 or 2 in a day—previous health good—sleepless, incoherent, constantly wanting to get out of bed—asthenic symptoms and then coma preceded death; in hosp. 1 mo.;—Hirudines xij (bis); Hyd. Chlorid. gr. j, t. d., 4 d.; Hyd. Chlorid. gr. j, b. d., 3 d.; Haust. Morph. Mur. mxx, o. n.; catheter; wine ʒvij, 3 d. Died.

33. F.; æt. 11; ill 3 wks.; scarlatina 3 wks. ago, anasarca 1 wk., urine albuminous, fits frequent; in hosp. 2 d.;—Liq. Am. Acet. ʒij, Sp. Æth. Nit. ʒss, 4tis; P. Jalap. co. ij, ult. aur. Died.

Several other cases are entered under the head Epilepsy in the Statistical Report which were admitted when in a fit, but did not remain for systematic treatment.

Of the 33 cases detailed above, 1 female was cured after being in hospital 1 mo., 13 males were relieved, 16 females were relieved, 1 male was presented not relieved, 1 male died, and 1 female died.

6 of the cases relieved were treated mainly by arsenic; their average stay in the hospital was 25 d.

17 of the cases relieved were treated mainly by zinc; their average stay in the hospital was 58.4 d.

The youngest male admitted was $8\frac{1}{2}$, the oldest 48; the average age of all the males admitted was 23.

The youngest female admitted was 11, the oldest 58; the average age of all the females admitted was 19.4.

SCIATICA.

1. M.; æt. 38; printer; ill 7 d.; 1st attack; in hosp. 90 d.;—Mist. Colch., t. d., 10 d.; Empl. Lytt. coxæ; Syr. Ferri Iod. ζj , t. d., 4 d.; M. Pot. Iod. (gr. iv), t. d., 2 mos.; Lin. Tereb. cox.; Liq. Vesicat. cox.; Tr. Aconit. ζiij ex Lin. Sap. co. ζjss . C.

2. M.; æt. 40; lighterman; 6 wks.; 1st attack, no rheumatism; in hosp. 18 d.;—Pot. Iod. gr. ijj , Tr. Colch. mxx , Inf. Case., t. d.; Lin. Tereb. C.

3. F.; æt. 20; servant; ill 6 d.; 2nd attack; in hosp. 1 mo.;—M. M. c. M. S., Pot. Bicarb. gr. x, t. d., 6 d.; M. Stom., t. d., 11 d.; Pot. Iod. gr. iv, Dec. Cinch., t. d., 11 d.; Empl. Lytt. coxæ sinist. C.

4. M.; æt. 50; coachman; ill 6 mos.; 1st attack; in hosp. 35 d.;—Pot. Iod. gr. ijj , Pot. Bicarb. gr. xv, Tr. Colch. mxx , t. d., 23 d.; Lin. Tereb.; Empl. Lytt. 2; Pil. Quinæ gr. ij , t. d., 10 d. C.

5. M.; æt. 30; iron-moulder, Woolwich arsenal; 1st attack, never had any rheumatism; in hosp. 15 d.;—Pot. Iod. gr. v, t. d.; Lin. Sap.; Empl. Canth. C.

6. M.; æt. 48; farm labourer; ill 6 yrs.; chronic, was in hospital for same thing 5 yrs. ago; in hosp. 7 d.;—Pot. Iod. gr. v, Tr. Colch. $m xv$, t. d.; Tr. Hyosc. $m xv$. R.

7. M.; æt. 43; widow; ill 7 wks.; 1st attack; in hosp. 55 d.;—Pot. Iod. gr. ijj , Vin. Colch. $m xv$, Inf. Case. ζj , b. d., 17 d.; Empl. Lyttæ 2; Quin. Dis. gr. ij , t. d., 21 d.; M. F. c. Q., b. d., 17 d.; Lin. Tereb. C.

8. M.; æt. 61; sailor; ill 2 wks.; 1st attack; in hosp. 26 d.;—Pot. Iod. gr. iv, Tr. Colch. $m x$, Dec. Cinch. t. d., 10 d.; Bal. calid. alt. n.; Pot. Iod. gr. ijj , 7 d.; Pil. Q. c. F., t. d., 7 d. C.

9. M.; æt. 60; hammerman; ill 18 mos.; a rheumatic subject; in hosp. 3 mos. 2 wks.;—M. M. c. M. S., Tr. Opii $m vijj$, t. d.; Liq. Cinch. $m xv$, 19 d.; Empl. Lytt. coxæ; Mist. c. Tr. Guaiac. $m vij$, 8 d.; M. Pot. Iod., Tr. Opii $m iv$, Liq. Cinch. $m x$, 17 d.; Mist. ex Pot. Iod., 53 d.; Ung. Pot. Iod. o. n. infrie., 5 wks. R.

10. M.; æt. 49; wheelwright; in hosp. $7\frac{1}{2}$ wks.;—M. Diaph. ζss , M. Stom. ζss , t. d., 7 d.; Empl. Lytt.; M. Pot. Iod. ζss , M. Stom. ζss , Liq. Cinch. $m x$, 26 d.; Ung. Pot. Iod. o. n. infrie.; Pot. Bicarb. ζj , Vin. Colch. $m xv$, t. d., 23 d. C.

11. M.; æt. 50; engineer; ill 14 d.; 2nd attack; in hosp. 1 mo.;—Pot. Bicarb. ζj , Pot. Nit. ζss , t. d., 7 d.; Pot. Iod. gr. v, Liq. Pot. ζss , Dec. Sarzæ co. ζj , t. d., 14 d.; air-bath; Lin. Tereb.; M. Nitro-Mur. ζiss , Pot. Chlorat. gr. $vijj$, t. d. C.

12. M.; æt. 68; blacksmith; ill 14 d.; 1st attack; in hosp. 2 mos.;—Quin. Dis. gr. v, t. d., 11 d.; Quin. Dis. gr. ij , t. d., 1 mo., air-bath; Empl. Lyttæ, galvanism, daily, 1 mo.; Syr. Ferri Iod. ζj , t. d., 10 d.; M. Pot. Iod., 7 d. R.

13. F.; æt. 27; married; ill 3 wks.; 1st attack; in hosp. 25 d.;—Mist. M. c. M. S., Tr. Opii mij , t. d., 7 d.; c. Pulv. Guaiac. 3j , 3 d.; Empl. Lytt. 2; Quin. Dis. gr. j, Ext. Opii gr. j, t. d., 13 d. R.

14. M.; æt. 61; farm labourer; ill 2 mos.; subject to the pain 2 yrs., worse 2 mos.; in hosp. 52 d.;—Pil. Ferri c. Quin. gr. v, Ext. Nucis Vom. gr. $\frac{1}{4}$, t. d.; galvanism alt. diebus. R.

15. M.; æt. 39; stoker, S. E. R.; ill 5 mos.; 1st attack; in hosp. 41 d.;—M. Guaiac. 3iss , t. d., 5 wks.; air-bath daily. C.

Of the 15 cases treated, 10 were cured and 5 relieved.

Of the 10 cures, 8 were males and 2 females.

Of the 5 relieved, 4 were males and 1 a female.

In 9 of the cases cured, iodide of potassium constituted the principal medical treatment; the other cases cured yielded to Mist. Guaiaci.

In 3 of the 5 cases presented relieved, no iodide of potassium was given.

In 1 (under treatment 2 mos.) it was given in 3-gr. doses, but only for 7 d.; and in the other case relieved (No. 6) it was given in full doses, but the case was a chronic one of 6 yrs.' standing, and left the hospital in a week.

In no case was a cure effected by quinine alone.

Of the cases cured, the average stay in the hospital was 39.3 d.

Of the cases relieved (disregarding No. 6), the average stay was 62 d.

The average age of the males admitted was 49.5 yrs.

The average age of the females admitted was 30 yrs.

The occupations of all the males but No. 1 was such as to render them exposed to changes of atmosphere and temperature.

ERYSIPELAS.

1. M.; æt. 30; at wine merchant's; ill 3 d.; 1st attack; in hosp. 26 d.;—Am. Sescarb. gr. v, Dec. Cinch. 3iss , t. d.; Lotio Plumbi; porter Oj, 2 d.; brandy 3ij , 7 d.; wine 3iv , 14 d. C.

2. M.; æt. 27; at plumber's; ill 14 d.; 1st attack; in hosp. 12 d.; Am. Sescarb. gr. v, Dec. Cinch. 3iss , t. d.; porter Oj. C.

3. M.; æt. 46; waterman; ill 4 d.; 1st attack; in hosp. 9 d.;—Am. Sescarb. gr. v, Dec. Cinch. 3iss , t. d.; Lot. Plumb.; porter Oj. C.

4. M.; æt. 40; barometer maker; 1st attack; in hosp. 12 d.;—Purge; Lot. Plumb.; porter Oj. C.

5. M.; æt. 50; seaman; ill 10 d.; 1st attack; in hosp. 34 d.; Am. Sesc. gr. v, Dec. Cinch. 3iss , t. d., 14 d.; Quin. Dis. gr. ij , t. d., 18 d.; wine 3iv , 14 d.; porter Oj, 18 d. C.

6. M.; æt. 39; bricklayer's labourer; ill 4 d.; 1st attack; in hosp. 30 d.;—Am. Sesc. gr. v, Dec. Cinch. 3iss , t. d.; Lot. Plumb.; wine 3vj , 7 d.; wine 3iv , porter Oj, 21 d. C.

7. M.; æt. 30; labourer; 1st attack; in hosp. 17 d.;—Am. Sesc. gr. v, Dec. Cinch. 3iss , t. d.; Lot. Plumb.; porter Oj. C.

8. F.; æt. 19; serviee; 1st attack; in hosp. 11 d.;—Lot. Plumb. C.
9. M.; æt. 12; ill 14 d.; an abseess formed on forehead, incised 3 d. after admission; in hosp. 26 d.;—Salines, 4 d.; Tr. Ferri mvij, Quin. Dis. gr. $\frac{1}{2}$, t. d., 24 d.; flour; wine $\frac{3}{4}$ iv. C.
10. M.; æt. 39; hawker; 1st attack; in hosp. 7 d.;—Am. Sese. gr. v, Dee. Cinch. $\frac{3}{4}$ iss, t. d.; Lot. Plumb. C.
11. F.; æt. 27; widow; 1st attack; in hosp. 15 d.;—Am. Sese. gr. v, Dee. Cinch. $\frac{3}{4}$ iss, t. d.; Lot. Plumb. C.
12. F.; æt. 19; serviee; 1st attack, both legs affected; in hosp. 11 d.;—Am. Sese. gr. v, Dee. Cinch. $\frac{3}{4}$ iss, t. d.; Lot. Plumb. C.
13. F.; æt. 18; serviee; ill 2 d.; 1st attack; in hosp. 41 d.;—P. Ipecac. $\frac{3}{4}$ ss, stat.; Tr. Ferri mxxv, Mist. Nit. Mur. $\frac{3}{4}$ j, 6tis, 20 d.; Am. Sese. gr. v, Dee. Cinch. $\frac{3}{4}$ j, t. d., 6 d.; Tr. Ferri mvij, Quin. Dis. gr. j, t. d., 15 d.; flour; wine $\frac{3}{4}$ iv. C.
14. F.; æt. 24; serviee; had similar attack 2 yrs. ago, present one affects left arm; in hosp. 17 d.;—Tr. Ferri mvij, M. Nit. Mur. $\frac{3}{4}$ j, t. d.; flour; wine $\frac{3}{4}$ vj. C.
15. F.; æt. 25; serviee; ill 21 d.; right leg affected; in hosp. 11 d.;—M. Q. e. F., t. d.; W. W. D. C.
16. M.; æt. 33; ill 3 d.; 1st attack; in hosp. 13 d.;—Tr. Ferri mxxv, M. Nit. Mur. $\frac{3}{4}$ j, t. d.; wine $\frac{3}{4}$ vij. C.
17. F.; æt. 24; married; 1st attack, right foot; in hosp. 12 d.;—Tr. Ferri mxxv, M. Nit. Mur. $\frac{3}{4}$ j, t. d.; wine $\frac{3}{4}$ vj. C.
18. F.; æt. 8; ill 5 wks.; right leg affected; in hosp. 38 d.;—Tr. Ferri mvj, M. Nit. Mur. $\frac{3}{4}$ j, t. d.; Lot. Plumb.; wine $\frac{3}{4}$ ij. C.
19. F.; æt. 22; in hosp. 13 d.;—Expectorants; flour. C.
20. M.; æt. 61; labourer; in hosp. 11 d.;—P. Ipecac. $\frac{3}{4}$ ss, st.; Tr. Ferri mxxv, M. Nit. Mur. $\frac{3}{4}$ j, t. d.; flour; wine $\frac{3}{4}$ iv. C.
21. F.; æt. 14; at home; ill 6 wks.; 2nd attack; in hosp. 31 d.;—Sp. Am. Arom. $\frac{3}{4}$ ss, Dee. Cinch. $\frac{3}{4}$ j, t. d., 10 d.; Tr. Ferri mxxv, M. Nit. Mur. $\frac{3}{4}$ j, t. d., 7 d.; Dee. Cinch. $\frac{3}{4}$ j, t. d., 10 d.; flour; wine $\frac{3}{4}$ iv. C.
22. F.; æt. 30; nurse; ill 2 d.; both legs affected; in hosp. 12 d.;—Tr. Ferri mxxv, M. Nit. Mur. $\frac{3}{4}$ iss, t. d.; flour; wine $\frac{3}{4}$ iv. C.
23. F.; æt. 25; serviee; ill 14 d.; has had repeated attacks; in hosp. 36 d.;—Am. Sese. gr. v, Dee. Cinch. $\frac{3}{4}$ j, t. d., 20 d.; Tr. Ferri mvij, Quin. Dis. gr. j, t. d., 16 d.; flour; wine $\frac{3}{4}$ vj.
24. M.; æt. 23; labourer; ill 3 d.; 1st attack, an abseess formed, incised 10 d. after admission; in hosp. 42 d.;—Tr. Ferri mxij, M. Nit. Mur. $\frac{3}{4}$ iss, t. d.; flour; Cat. Lini; wine $\frac{3}{4}$ vj. C.
25. F.; æt. 18; serviee; ill 7 d.; 1st attack, both legs affected; in hosp. 9 d.;—Tr. Ferri $\frac{3}{4}$ j, t. d.; Lot. Plumb. C.

26. F.; æt. 17; service; ill 1 d.; had had several previous attacks; in hosp. 23 d.;—Am. Sesc. gr. v, Dec. Cinch. 3j, 6tis; flour. C.

27. M.; æt. 40; bricklayer; ill 4 d.; 1st attack; in hosp. 6 d.;—Am. Sesc. gr. iv, Dec. Cinch. 3j, 6tis; flour. C.

28. F.; æt. 45; married; ill 2 d.; 1st attack; in hosp. 19 d.;—Am. Sesc. gr. v, Dec. Cinch. 3j, b. d., 7 d.; M. Stom. 3j, t. d., 3 d.; M. Stom. c. Pot. Iod. gr. iv, 7 d.; Lot. Plumbi; wine 3iv. C.

29. M.; æt. 50; waterman; ill 2 d.; 1st attack; in hosp. 9 d.;—Am. Sesc. gr. v, Dec. Cinch. 3j, t. d.; Lot. Plumb.; wine 3iv. C.

30. F.; æt. 14; service; ill 77 d.; second attack; in hosp. 17 d.;—Am. Sesc. gr. iv, Dec. Cinch. 3j, t. d.; flour; wine 3iv. C.

31. F.; æt. 15; service; ill 5 d.; 1st attack; in hosp. 31 d.;—Am. Sesc. gr. v, Dec. Cinch. 3j, t. d.; flour; wine 3iv. C.

32. F.; æt. 20; married; ill 14 d.; 1st attack; in hosp. 27 d.;—Tr. Ferri ʒviiij, M. Nit. Mur. 3j, t. d.; flour. C.

33. M.; æt. 24; labourer; in hosp. 20 d.;—Tr. Ferri ʒxv, t. d.; flour; wine 3viiij. C.

34. F.; æt. 25; nil; ill 21 d.; 1st attack; in hosp. 64 d.;—Am. Sesc. gr. v, Dec. Cinch. 3j, t. d., 17 d.; Liq. Cinch. ʒxv, Tr. Cinch. co. ʒxx, Aquæ 3j, t. d., 10 d.; M. Q. c. F., 15 d.; Tr. Ferri ʒxv, M. Nit. Mur. 3j, t. d., 21 d.; flour; wine 3vj; porter; brandy 3iv. C.

35. M.; æt. 35; dock porter; ill 2 d.; was suffering at same time from delirium tremens; in hosp. 12 d.;—Am. Sesc. gr. v, Dec. Cinch. 3j, t. d.; sedatives; flour; wine 3vj, porter Oj. C.

36. F.; æt. 10; school; ill 1 d.; 1st attack; in hosp. 15 d.;—Am. Sesc. gr. iiij, Dec. Cinch. 3j, t. d.; Lot. Plumb. C.

37. M.; æt. 10; school; ill 6 d.; 1st attack, both legs affected; in hosp. 8 d.;—Dec. Cinch. 3j, t. d. C.

Of the 37 cases treated, 17 were males and 20 females.

Fifteen of the cases were treated *solely* by carbonate of ammonia in decoction of cinchona; their average stay in the hospital was 16 d.

Ten of the cases were treated *solely* by Tinct. Ferri Sesquichlorid., in water, or Mist. Nitro-Muriat.; their average stay in the hospital was 20·1 d.

The remaining cases had a mixed treatment.

ACUTE LARYNGITIS.

1. M.; æt. 46; ill 10 d.; had had some "sore throat" for 2 wks. previously to occurrence of present attack 10 d. ago, had a similar attack 6 mos. ago—much tenderness about right side of thyroid cartilage and hyo-thyroid ligament, breathing stridulous, voice whispering, feverish—dysphagia up to 5 d. ago, at present none—unable to lie down, worse at night—on day after admission easier, breathing still

stridulous—after a few days again became worse, but was relieved by the 2nd blister, after which steadily improved under use of Pot. Iod.; in hosp. 1 mo.;—Baln. calid., st.; Pulv. Emet., postea; Pil. Col. c. Cal. ij, st.; Vin. Ant. P. T. ʒj, Tr. Hyosc. ʒss, 4tis; Inhalatio; Empl. Lytt. sterno; Pulv. Pot. Bit. co. ʒiij, alt. diebus, 10 d.; Empl. Lytt. nuchæ; Pot. Iod. gr. v, Tr. Hyosc. ʒss, Inf. Gent. co. ʒj, t. d., 25 d. C.

2. M.; æt. 44; ill 4 wks.; breathing stridulous, much pain in swallowing or speaking, not much laryngeal tenderness, cough trifling, expectoration black pelletly—immediate relief resulted from tracheotomy—there was subsequently observed some deficiency of resonance on percussion, with falling in under each clavicle, and respiratory sounds feeble; in hosp. 7 wks.;—Baln. calid., st.; Pulv. Emet., st.; Hyd. Chlor. gr. ij, Ant. P. T. gr. ʒ, 4tis, 1 d.; Pil., t. d., 1 d. Following day, Feb. 14, Empl. Lytt. nuchæ; Inhalatio Æth. Chlor. ʒx; Pot. Iod. gr. ij, 3tiis; Tr. Hyosc. ʒxv. 15th, Mist. Calumb. effervesc., tertiis. 17th, catheter; operation; wine ʒiv. 28th, M. Q. c. F. March 11, tube removed. C.

LARYNGITIS CHRONICA.

1. F.; æt. 33; ill 2 wks.; married, no children—cough 3 wks., throat sore 3 wks., voice husky for past few days, some œdema of lower extremities, some dulness beneath both clavicles—she remained in the hospital for a few days after the laryngeal symptoms subsided, on account of an attack of diarrhœa; in hosp. 19 d.;—Baln. calid., st.; Pot. Iod. gr. iij, Dec. Cinch. ʒj, t. d., 10 d.; Empl. Caut. parv. utrique lateri laryngis. R.

2. M.; æt. 33; ill 4 yrs.; had suffered from hoarseness 4 yrs., with some occasional dyspnœa and dysphagia—3 wks. after admission had an attack of extreme dyspnœa accompanied by flatulence, relieved by æther and soda draughts—2 d. after this it returned in a still severer degree, and tracheotomy was performed, affording instant relief—there was some dulness at right apex—he took the trachea tube with him; in hosp. 5 mos. and 1 wk.;—Liq. Vesicat. gutturi, 3 applies.; Pot. Iod. gr. v, t. d., 1 mo.; Inhalatio. Dec. 6, Haust. Æth. c. Soda ʒj, p. r. n. Dec. 8, tracheotomy. Feb. 5, Acid. Sulph. dil. ʒx, Dec. Cinch. ʒiss, b. d., 1 mo. March 5, Mist. Ferri co. ʒiss, t. d., 7 wks. R.

3. F.; æt. 30; ill 7 mos.; 4th attack, no dysphagia, much dyspnœa, breathing slightly stridulous, and some laryngeal tenderness; in hosp. 2 mos. and 1 wk.;—Pot. Iod. gr. iij, Dec. Cinch. ʒj, t. d., 7 wks.; iodine paint to each side of throat. R.

COLICA PICTONUM.

1. M.; æt. 34; painter; ill 1 wk.; 2nd attack, 1st 6 mos. ago—obstinate constipation and much abdominal pain and tenderness, gums showing blue line—much debilitated; in hosp. 5 wks.;—Hyd. Chlorid. gr. v, st.; Ol. Ric. ʒss, post.; Mag. Sulph. ʒj, Acid. Sulph. dil. ʒx, Aquæ Menth. pip. ʒj, t. d., 3 d.; Pil. Sap. c. Opio gr. v, o. n.; Empl. Bell. abd.; Acid. Sulph. dil. ʒv, Tr. Opii ʒv, Inf. Rosæ co. ʒj, t. d., 11 d.; Acid. Hydrocyanic. dil. ʒv, Bismuth. Tris. gr. x, Aquæ, ʒj, t. d., 23 d. C.

2. M.; æt. 33; painter; ill 3 d.; 1st attack; in hosp. 2 wks.;—Hyd. Cl. gr. v, Pil. Ant. c. Opio j, st.; Ol. Ricini ʒss, postea; Mag. Sulph. ʒj, Acid. S. dil. ʒv, Liq.

Opii sed. $\mathfrak{m}\mathfrak{v}$, t. d., 7 d.; Pot. Iod. gr. v, 3 d.; Liq. Pot. $\mathfrak{z}\mathfrak{ss}$, Dec. Sarzæ co. $\mathfrak{z}\mathfrak{j}$, t. d. C.

3. M.; æt. 39; leadworker; ill 3 d.; constipation 8 d., pain 3 d.—occasionally been subject to colicky pains, but never so severe as lately, gums marked, has worked in lead 9 yrs.; in hosp. 4 d.;—Hyd. Chlor. gr. v, Opii gr. j, st.; M. S. C. $\mathfrak{z}\mathfrak{i}\mathfrak{j}$, 4tis, 2 d.; Mag. Sulph. $\mathfrak{z}\mathfrak{j}$, Acid. S. D. $\mathfrak{m}\mathfrak{v}$, Inf. Rosæ co. $\mathfrak{z}\mathfrak{j}$, t. d., 2 d. C.

4. F.; æt. 19; leadworker; ill 7 d.; 1st attack, gums marked; in hosp. 27 d.;—Hyd. Chlor. gr. v, Ol. Croc. $\mathfrak{m}\mathfrak{j}$, st.; Ol. Ricini $\mathfrak{z}\mathfrak{ss}$, 4tis, ad sedes; Tr. Rhei $\mathfrak{z}\mathfrak{j}$, Sodæ Pot. Tart. $\mathfrak{z}\mathfrak{ss}$, t. d., 11 d.; Mag. Sulph. $\mathfrak{z}\mathfrak{ss}$, Am. Sescarb. gr. v, 3 d.; M. Q. c. F., t. d., 11 d. C.

5. M.; æt. 52; plumber; ill 7 wks.; on admission convalescent from colic, but weak, pain in legs and thighs and weakness, nervous, gums marked, 4th attack; in hosp. 3 d.;—Hyd. Chlor. gr. v, Opii gr. j, st.; Ol. Ricini $\mathfrak{z}\mathfrak{ss}$, postea; Mag. Sulph. $\mathfrak{z}\mathfrak{j}$, Inf. Rosæ co. $\mathfrak{z}\mathfrak{j}$, t. d. C.

6. M.; æt. 32; leadworker; ill 3 wks.; worked in white-lead factory 4 yrs.—pain in abdomen 3 wks., bowels confined 4 d., some tenderness around umbilicus, gums marked; in hosp. 8 d.;—Mist. Mag. c. M. S. $\mathfrak{z}\mathfrak{j}$, t. d., 4 d.; Inf. Calumb. $\mathfrak{z}\mathfrak{iss}$, t. d., 4 d. C.

7. M.; æt. 23; painter; ill 4 d.; in hosp. 5 wks.;—Hyd. Chlor. gr. v, Ol. Croc. $\mathfrak{m}\mathfrak{j}$, st.; Ol. Ricini $\mathfrak{z}\mathfrak{ss}$, postea; Mag. Sulph. $\mathfrak{z}\mathfrak{j}$, Mag. Carb. gr. x, Tr. Sennæ co. $\mathfrak{z}\mathfrak{i}\mathfrak{j}$, Aquæ $\mathfrak{z}\mathfrak{j}$, 4tis, 2 d.; Mag. Sulph. $\mathfrak{z}\mathfrak{j}$, Acid. S. D. $\mathfrak{m}\mathfrak{x}$, t. d., 6 d.; Pot. Iod. gr. v, t. d., 29 d. C.

8. M.; æt. 48; plumber; ill 5 d.; in hosp. 6 d.;—Hyd. Chlor. gr. v, Pil. Ant. c. Opio j, st.; Ol. Ricini $\mathfrak{z}\mathfrak{ss}$, postea; Cat. Sinap. cpigastrio; Mag. Sulph. $\mathfrak{z}\mathfrak{j}$, Acid. S. dil. $\mathfrak{m}\mathfrak{x}\mathfrak{i}\mathfrak{j}$, t. d. C.

9. M.; æt. 20; painter; ill 5 d.; has been in much pain, nights sleepless, tongue brown but moist, gums faintly marked; in hosp. 6 d.;—Hyd. Chlor. gr. v, Ol. Croc. $\mathfrak{m}\mathfrak{j}$, st.; Mag. Sulph. $\mathfrak{z}\mathfrak{j}$, Acid. Sulph. Dil. $\mathfrak{m}\mathfrak{x}$, 4tis. C.

10. M.; æt. 30; leadworker; ill 2 wks.; 2nd attack, last 18 mos. ago, bowels not open 5 d., much lumbar and hypogastric pain, water scanty; in hosp. 2 wks.;—Hyd. Chlor. gr. v, Opii gr. j, st.; vesp., Ol. Croc. $\mathfrak{m}\mathfrak{j}$, st.; Ol. Ricini $\mathfrak{z}\mathfrak{ss}$, cras mane; following day, Opii gr. j, h. s.; Ol. Ricini $\mathfrak{z}\mathfrak{ss}$, cras mane; Empl. Bellad. lumbis; Mag. Sulph. $\mathfrak{z}\mathfrak{j}$, M. Carb. gr. x, t. d., 7 d. C.

11. F.; æt. 22; leadworker; ill 6 d.; bowels not open for 5 d. up to yesterday, gums marked; in hosp. 9 d.;—Hyd. Chlor. gr. v, Pil. Ant. c. Opio j, st.; Ol. Ricini $\mathfrak{z}\mathfrak{j}$, postea; Mag. Sulph. $\mathfrak{z}\mathfrak{j}$, Acid. S. D. $\mathfrak{m}\mathfrak{x}$, t. d., 3 d.; Pil. Hyd. c. Rheo ij, o. n. C.

12. F.; æt. 12; leadworker; ill 2 wks. (11 readmitted); in hosp. 11 d.;—Hyd. Chlor. gr. v, Opii gr. j, st.; Enema H. S. C., postea; following day, Hyd. Chlor. gr. v, H. S. C., post h. 2; Cat. Sinap. abd.; Mag. Sulph. $\mathfrak{z}\mathfrak{j}$, Mag. C. gr. x, t. d. C.

13. M.; æt. 23; painter; ill 5 d.; 1st attack, griping pain and constipation—followed occupation 7 yrs.—a distinct blue line around upper teeth; in hosp. 7 d.;—

Hyd. Chlor. gr. v, Ol. Croc. $\mathfrak{m}\mathfrak{j}$, st.; Ol. Ricini, $\mathfrak{z}\mathfrak{s}\mathfrak{s}$, postea; Pulv. Dov. gr. v, 6tis. C.

14. M.; æt. 33; painter; ill 8 d.; 2nd attack, last 3 yrs. ago—gums faintly marked; in hosp. 7 d.;—Hyd. Chlor. gr. v, Ol. Croc. $\mathfrak{m}\mathfrak{j}$, st.; Ol. Ricini $\mathfrak{z}\mathfrak{s}\mathfrak{s}$, postea; Pot. Bicarb. gr. x, Tr. Opii $\mathfrak{m}\mathfrak{v}$, 4tis; Sol. Morph. Mur. $\mathfrak{m}\mathfrak{x}\mathfrak{x}$, nocte manequæ, 3 d.; Sol. Morph. Mur. $\mathfrak{m}\mathfrak{x}\mathfrak{x}$, o. n., 2 d. C.

15. F; æt. 26; leadworker; was admitted with symptoms of colic, which yielded to treatment, then treated for other plumbic symptoms, paralysis of brachial extensors, &c.; in hosp. 4 mos. and 1 wk.;—Mag. Sulph. $\mathfrak{z}\mathfrak{s}\mathfrak{s}$, Acid. S. dil. $\mathfrak{m}\mathfrak{x}$, Tr. Opii $\mathfrak{m}\mathfrak{v}\mathfrak{i}\mathfrak{j}$, Aquæ $\mathfrak{z}\mathfrak{i}\mathfrak{s}\mathfrak{s}$, t. d., 3 d.; Mist. Pot. Iod., t. d.; galvanism to left arm, &c. C.

Of the 15 cases, all were cured. 11 were males; 4, females. Their average stay in the hospital was 13·28 d.

The treatment in every case consisted of a calomel purge with or without opium in combination, followed by the administration of sulphate of magnesia with dilute sulphuric acid, except in No. 6, in which no calomel was given, and in Nos. 13 and 14 no sulphate of magnesia.

In 6 the gums were distinctly marked by the blue marginal line.

In 3 „ „ faintly „ „ „

In 1 it was the 4th attack; in 2, the 2nd attack; in the remainder the 1st.

DYSENTERY.

1. M.; æt. 25; sailor; ill 8 mos.; 1st attack; in hosp. 27 d.;—Tr. Opii $\mathfrak{m}\mathfrak{v}$, Dec. Hæmatox. $\mathfrak{z}\mathfrak{i}\mathfrak{s}\mathfrak{s}$, t. d.; P. Dov. c. Cal. gr. v, o. n., 3 d.; P. Ipecac. co. gr. v, o. n., 26 d.; Cat. Sinap. abd. C.

2. M.; æt. 25; sailor; ill 2 yrs.; worse 2 wks.; in hosp. 2 mos.;—Tr. Opii $\mathfrak{m}\mathfrak{v}$, Acid. Nit. Mur. dil. $\mathfrak{m}\mathfrak{x}\mathfrak{x}$, Inf. Gent. co., t. d., 21 d.; P. Kino c. gr. v, t. d., 3 d.; Cup. Sulph. gr. $\frac{1}{2}$, t. d., 4 d.; Tr. Opii $\mathfrak{m}\mathfrak{v}$, Inf. Catechu $\mathfrak{z}\mathfrak{i}\mathfrak{s}\mathfrak{s}$, t. d., 3 d.; Cup. Sulph. gr. $\frac{1}{2}$, t. d., 14 d.; P. Kino c. gr. v, 4tis, 4 d.; T. Kino $\mathfrak{z}\mathfrak{j}$, Dec. Cinch. $\mathfrak{z}\mathfrak{j}$, t. d., 11 d. R.

3. M.; æt. 22; sailor; ill 5 mos.; 15 mos. previous began to pass blood, after 5 mos. this ceased, but returned during last 5—much emaciated, severe tenesmus, motions slimy, free from pus; in hosp. 11 d.;—Pil. T. A. c. Opio, 4tis, 3 d.; Enema Opii c. Inf. Catechu $\mathfrak{z}\mathfrak{i}\mathfrak{j}$; Vin. Ipcc. $\mathfrak{m}\mathfrak{v}$, Tr. Opii $\mathfrak{m}\mathfrak{x}\mathfrak{i}\mathfrak{j}$, Dec. Hæmatox. $\mathfrak{z}\mathfrak{i}\mathfrak{s}\mathfrak{s}$, 6tis, 7d. C.

4. M.; æt. 28; sailor; ill 2 yrs.; 2 yrs., with occasional respites of 2 or 3 d., motions often containing blood and pus; in hosp. 6 wks.;—Pil. T. A. c. Opio, 6tis, 3 d.; Pil. T. A. c. Opio, 4tis, 18 d.; Pil. T. A. c. Opio, 3tis, 3 d.; Pil. T. A. c. Opio, 6tis, 17 d. R.

5. M.; æt. 57; typefounder; ill 10 wks.; 10 wks. ago had jaundice, which continued up to 3 wks. ago—imperfect paralysis of hands and feet from lead or antimony; in hosp. 1 mo.;—Pil. T. A. c. Opio, t. d., then M. Q. c. F., t. d., 11 d., et pil. p. r. n. s. R.

6. M.; æt. 38; engine-driver, from India; ill 9 mos.; every few days a little blood, aguish; in hosp. 2 mos.;—Mist. Bism. c. Kino, t. d., 21 d.; Quin. Dis. gr. ij, Opii gr. $\frac{1}{2}$ o. n., Pil. Ferri c. Quin., b. d., 3 d.; Pil. Ferri c. Quin., t.d., 16 d.; Mist. Pot. Iod. $\frac{3}{4}$ ij, Mist. Bism. c. Kino $\frac{3}{4}$ ij, t. d., 7 d. R.

7. F.; æt. 28; married; ill 6 wks.; much sickness, diarrhœa excessive and with much pain; in hosp. 13 d.;—Mist. Bism. c. Kino $\frac{3}{4}$ iss, 4tis, 7 d.; Quin. Dis. gr. j, b. d., 5 d. C.

8. M.; æt. 26; ship-carpenter; ill 6 mos.; in hosp. 23 d.;—Ipecac. gr. ij, Opii gr. $\frac{1}{2}$, Sapon. Castil. gr. ij, t. d.; air-bath alt. diebus. R.

9. M.; æt. 22; man-servant; ill 14 d.; in hosp. 14 d.;—Ipecac. gr. ij, Opii gr. $\frac{1}{2}$ t. d.; Cat. Sinap. abd. indies; M. Dyspept. t. d.; Hyd. c. Creta gr. ij, P. Trag. co. gr. viij, o. n. C.

10. M.; æt. 50; labourer; ill 10 mos.; complicated with an abdominal tumour; in hosp. 10 wks.;—P. Ipec. gr. ij, Opii gr. $\frac{1}{2}$, Sap. Cast. gr. v, t. d., 46 d.; Cat. Furf. abd.; Pot. Iod., gr. iij, t. d. C.

11. M.; æt. 54; labourer; ill 3 wks.; in hosp. 13 d.;—M. Cretæ co. p. s. s. l.; P. Ipecac. gr. iij, Pil. Sap. c. Opio gr. v, b. d. C.

12. M.; æt. 19; labourer; some dulness at right apex; in hosp. 5 wks.;—Tr. Opii \mathfrak{m} v, M. Cinch. c. Acid., t. d.; P. Kino c. gr. v, t. d.; Enema Opii (3). R.

13. M.; æt. 43; labourer; ill 9 wks.; motions containing blood; in hosp. 12 d.;—Tr. Catechu $\frac{3}{4}$ j, Inf. Gent. co. $\frac{3}{4}$ j, t. d.; Enema Opii. C.

14. F.; æt. 32; married; ill 7 mos.; purging, chiefly during nights, occasionally blood; in hosp. 27 d.;—Tr. Catechu $\frac{3}{4}$ ss, Tr. Cinch. co. \mathfrak{M} xx, Conf. Arom. gr. x, Inf. Calmb. $\frac{3}{4}$ j, t. d., 7 d.; Pil. T. A. c. Opio, 4tis, 10 d.; Pil. T. A. c. Opio, t. d., 7. d.; Pil. T. A. c. Opio, 4tis, 5 d.; Enema Opii (1). Not R.

15. M.; æt. 43; carman; ill 2 yrs.; hepatic dulness considerably increased, slight anasarca 3 wks., skin sallow, not icteric, emaciation, 5 or 6 motions daily; in hosp. 21 d.;—Pulv. Kino co. gr. v, t. d., 17 d.; M. Q. c. F., t. d., 14 d.; Enema Opii (2); tonics. R.

16. M.; æt. 29; sailor; ill 4 mos.; 3 or 4 motions every day, 6 or 7 every night, very slimy and occasionally with blood; in hosp. 28 d.;—Tr. Kino $\frac{3}{4}$ j, Tr. Opii \mathfrak{m} v, Inf. Catechu co. $\frac{3}{4}$ iss, 6tis, 7 d.; Opii gr. j, o. n.; Cupri Sulph. gr. $\frac{1}{4}$, 6tis, 8 d.; Dec. Hæmatox. $\frac{3}{4}$ ij, t. d., 7 d. Died.

Of the 16 cases treated, 14 were males and 2 females.

Of the 14 males, 6 were cured, 7 relieved, and 1 died.

Of the 2 females, 1 was cured and 1 not relieved.

In 5 of the cases cured the administration of ipecacuan formed a prominent part of the treatment, and their average stay in the hospital was 22·2 d.

The 2 other cured cases were mild, and yielded to astringents simply; average stay 12·5 d.

In 5 of the 7 cases presented relieved ipecacuan was not used at all; in 1, whose stay was 2 mos., only for 11 d., as P. Ipecac. co. gr. x, o. n.; but in one it was 3 times a day as P. Ipecac. gr. ij. Average stay of cases relieved 40·7 d.

In the case not relieved, and in the case that died, ipecacuan was not administered.

PURPURA.

1. M.; æt. 38; labourer; ill 9 d.; 3 mos. previously had been under treatment in hospital for cough, with dyspnœa and palpitation of heart; in hosp. 12 d.;—Lemon juice; wine živ; greens. C.

2. M.; æt. 46; shoemaker; ill 2 wks.; considerable hæmorrhagic patches on the lower extremities, some anasarca, urine albuminous; in hosp. 65 d.;—Lemon juice živ, indies; Dec. Cinch. c. Acid.; subsequently diuretics and C. C. lumbis žviiij; gin žij; lemons, lemonade, greens. Died.

3. F.; æt. 22; single; ill 1 mo.; was much reduced previous to admission—an “unfortunate”—when admitted was in a state of extreme debility, day before her death became comatose; in hosp. 8 d.;—Lemon juice živ, Sp. Am. Arom. žss, Inf. Calumb. žj, t. d.; day before death Liq. Vesicat. nuchæ; wine živ; greens. Died.

4. M.; æt. 56; in hosp. 21 d.;—Lemon juice živ; gin žij; porter Oj; greens. C.

5. M.; æt. 9; in hosp. 10 d.;—Tr. Ferri Sesquichl. mx, Inf. Calumb. žj, t. d. C.

6. M.; æt. 51; tailor; ill 14 d.; arms and legs affected, marks stay out 2 or 3 d., nausea and sickness, gums not affected; in hosp. 35 d.;—M. Pot. Cit. efferves. žj, 5 d.; c. Tr. Calumb. žj, 8 d.; c. Ferri Cit. gr. v, 7 d.; M. F. c. Q., 7 d.; Dec. Cinch., 7 d.; wine žiiij; lemons. C.

ECZEMA.

1. M.; æt. 28; tanner; ill 4 mos.; both arms affected; in hosp. 50 d.;—Liq. Pot. Ars. mx, t. d., Lot. Plumb., 32 d.; no improvement;—Pot. Iod. gr. iiij, Liq. Pot. Ars. mxx, Dec. Sarzæ, t. d., 4 d.; Pot. Iod. gr. iv, 3 d.; Pot. Iod. gr. v, 7 d.; Ung. Hyd. Am. Chlor. Much relieved.

2. F.; æt. 50; widow; in hosp. 27 d.;—M. Mag. c. M. S., t. d.; hot bath, with brau, daily, 4 d.; Sodæ Boratis žj, Aquæ Oij. C.

3. F.; æt. 24; married; ill 4 mos.; subacute in character, worse 2 mos.;—M. Mag. c. M. S., t. d., 10 d.; Mist. Stom. 6 wks.; bath daily; Ol. Olivæ. C.

4. M.; æt. 18; shoemaker; ill 3 wks.; impetiginoid, improvement began with administration of arsenic; in hosp. 45 d.;—M. Mag. c. M. S., 4 d.; M. Pot. Cit., žj, Tr. Hyosc. mxx, t. d., 7 d.; Mist. Quin. žj, t. d., 3 d.; Liq. Pot. Ars. mvj, t. d., 24 d.; Ung. Hyd. Nit. mit. C.

5. M.; æt. 13; service; ill 10 wks.; in popliteal regions, and attended by much irritation; in hosp. 7 wks.;—Pot. Bicarb. gr. x, Inf. Gent. co. žj, t. d., 5 wks.; flour, 4 d.; Ung. Zinc. 14 d.; W. W. t. d.; Ung. Cetae; cold douche to inflamed parts of legs daily for 2 or 3 m. C.

6. F.; æt. 50; married; ill 3 wks.; eruption appeared on hands, and spread thence to arms, left ankle also affected; in hosp. 18 d.;—Ferri Pot. Tart. gr. x, Pot. Bicarb. gr. x, Inf. Calumb. žj, t. d.; cold douche daily. C.

7. F.; æt. 15; service; ill 3 yrs. off and on; chiefly about hands and wrists, sometimes spreads; in hosp. 4 wks.;—shower-bath daily. C.

8. M.; æt. 40; waiter; ill 8 wks.; chiefly affects arms and legs, discharges freely; in hosp. 37 d.;—Liq. Pot. mxx, M. Pot. Iod. ʒj, t. d., 10 d.; Lotio Plumb. 11 d.; Liq. Pot. Ars. mvj, 26 d.; Ung. Hyd. Nit. mit., 10 d.; Ung. Cetacei, 18 d. C.

9. F.; æt. 13; ill 3 mos.; ecz. capitis, subject to it since 3 yrs. old—been in hospital 7 times for same disease, last time 15 mos. ago, and went out well; in hosp. 4 mos.;—Liq. Pot. Ars. mij, t. d., 32 d.; Ung. Cetac., Ung. Zinc., ptes. æq.; Liq. Am. Acet. ʒij, Vin. Ant. P. T. mxx, Tr. Hyosc. mxv, t. d., 10 wks.; Ung. Hyd. Nit. mit., 11 wks.; cold douche. R.

10. M.; æt. 49; ill 1 mo.; on lower extremities and slightly about trunk; in hosp. 31 d.;—Mist. Salin., 14 d.; Pil. Dov. c. Hyosc., o. n.; Baln. calid., alt. m.; Acid. Nit. Mur. dil. mxx, Inf. Casc. ʒj, t. d., 21 d.; Glycerine. C.

11. F.; æt. 19; ill 5 mos.; surface extensively affected, febrile; in hosp. 36 d.;—Mist. Salin. 15 d.; Pulv. Ipecac. co. gr. v, o. n.; Glycerine; Acid. Nit. Mur. dil. mxv, Inf. Casc., t. d., 21 d. C.

12. F.; æt. 3; ill 10 mos.; on head and face; in hosp. 9 wks.;—Acid. Nit. Mur. dil. mij, Inf. Casc. ʒj, t. d., 24 d.; Ol. Jecoris ʒj, t. d., 41 d.; c. Syr. Ferri Iod. mxv, 24 d.; Ung. Zinc. C.

13. M.; æt. 52; ill 3 mos.; about thighs; in hosp. 12 d.;—M. Stom. ʒj, t. d.; Vin. Ipecac. mv; Lot. Plumb. C.

14. F.; æt. 49; ill 3 wks.; ecz. larvalis off and on 15 yrs.; in hosp. 10 d.;—Dec. Cinch. c. Acid., t. d.; Ung. Zinci faciei. C.

15. M.; æt. 24; ill 6 mos.; legs and thighs; in hosp. 18 d.;—Pot. Bicarb. ʒss, Manges. Sulph. gr. x, b. d.; Baln. calid. c. bran daily; Sapo Mollis q. s. C.

16. F.; æt. 10; ill 5 wks.; ecz. capitis; in hosp. 9 weeks;—Syr. Ferri Iod. ʒss, t. d.; Ung. Zinci, 18 d.; Ung. Hyd. Nit. mit. C.

17. F.; æt. 34; ill 4 mos.; in hosp. 14 d.;—M. Salin., t. d.; surface dusted c. bismuth, 7 d.; c. flour, 7 d. R.

18. M.; æt. 69; ill 9 mos.; in hosp. 1 mo.;—M. Stom. ʒj, Sp. Am. Arom. ʒss, t. d.; sulphur baths twice a week; Ung. Zinci. R.

Of the cases treated, 8 were males, and of these, 6 were cured, 2 relieved; 10 were females, and of these, 8 were cured, 2 relieved.

Among the cures, 2 cases were treated simply by *tonics* independently of the external applications; their average stay in the hospital was 63 d. 6 were treated by salines followed by tonics; average stay, 34·5 d. 2 were treated by salines either preceded or followed by arsenic; average stay, 82·5 d. 2 were treated by salines simply; average stay, 22·5 d. 2 were treated by arsenic and then iodide of potassium, or *vice versâ*; average stay, 43·5 d.

1861.

SUMMARY OF INJURIES.

Contusions.—Head 8, neck 2; all cured. Trunk 38; C. 31, R. 7. Extremities 38; C. 32, R. 5, D. 1. Labium 1, C. Several parts 7; C. 4, R. 3.

One male, cured, suffered from hæmaturia. He was admitted in a state of collapse.

One male, death from tetanus, part injured the thumb. For particulars, see table Tetanus.

Sprains.—17; C. 13, R. 4.

Incised wounds.—Throat 4; C. 3, R. 1.

In three cases the cuts were superficial; in fourth the larynx was opened at cricothyroid membrane.

Extremities 4, C.

Knee-joint 1.

Result, ankylosis of joint, after smart synovitis and severe constitutional disturbance. Convalescence attended by abscesses external to the joint.

Punctured wounds.—Eyes 3; C. 2, R. 1. Shoulder 1, R. Neck 3; C. 2, R. 1.

Abdomen 1.

Cause, prong of a hay-fork; first effects, collapse and slight peritonitis; treatment, opium; Cured.

Extremities 1, C.

Gunshot wounds.—Scalp 1, C.

A broad strip of integument was ploughed up by small shot; parts sloughed, healed by granulation.

Lacerated and contused wounds.—Slight 38; C. 34, R. 3, D. 1.

Arm 2, D. Knee-joint 1, D.

Of the first two, one died from pyæmia, 27 days after accident (see table for Pyæmia), æt. 32.

The second suffered amputation of forearm and elbow-joint, but only lived 2 days, æt. 16.

The third man died partly from the effects of the injury, which was very extensive, and partly from tetanus. His age was 41. Lived 14 days after accident. Trismus on eighth day; died 6 days after from general tetanus and exhaustion. Openings had been torn into joint on each side of the patella. See table for Tetanus.

Scalp 35; C. 29, D. 3.

Of the deaths from scalp wounds, one man from delirium tremens; a calculus was found in the kidney at the post mortem. One man from congestion of brain and lungs, &c., on second day. And the third man from pyæmia; abscesses formed between the dura mater and the skull; he was trephined twice; lived 49 days. See table for Pyæmia.

The last death occurred suddenly, and from congestion of brain. Seat of injury, heel and ankle.

Lacerations of several parts 2; C. 1, R. 1.

Fractures (simple).—Cranial bones 7; C. 2, D. 5.

The female cured had low form of inflammation of brain; was discharged cured on 75th day; also sustained fractured clavicle.

The male cured sustained fracture through petrous portion of temporal bone; was delirious 6 days.

One male death probably was a case of fracture at the base of skull, but no post-mortem was permitted.

Lower jaw 5, C. Clavicle 9; C. 6, R. 3. Scapula 3, C. Humerus 7, C. Ulna 3, C. Radius 2, C. Phalanges 1, C.

Fractures of ribs 28; C. 24, D. 4.

One male, cured, had emphysema. Another had urinary abscess, which was also cured.

Of the deaths, one male died from rupture of the spleen; he had also fracture of clavicle. Second male died from effusion of blood into pleura. Third male died with numerous fractures of ribs and a scalp wound. The female died with numerous fractures of ribs and consequent pleurisy; her age was 70.

Vertebrae 3; C. 1, R. 1, D. 1.

The female cured had sustained fracture of a lower cervical vertebra. She had partial paraplegia from below root of neck. Under treatment 8 months. The male relieved was an old case of paraplegia.

The male death had fracture of the second and third lumbar vertebrae. Cause of death tetanus; had not paralysis. See table for Tetanus.

Pelvis 1, C.

Femur (shaft) 45; C. 37, R. 2, Dis. 2, D. 4.

Of the 39 cases, three fractures were comminuted; one of the three had also compound fracture of tibia and fibula of the opposite leg, æt. 16. In one instance the bone was fractured in upper as well as in lower third. Another male, cured, had delirium tremens, and was treated by digitalis, with partial success. Two of the fractures occurred in one subject.

Of the deaths, male died from abscesses in liver and peritonitis, unconnected with fracture. One female had disease of all the bones; any one fractured very easily; had had right breast amputated. A second from sloughing at seat of fracture; had disease of arterial system; æt. 86; lived 1 month. The third female died from delirium tremens on fifth day; æt. 33.

Femur (neck) 6; C. 3, R. 2, D. 1.

One case, male, cause assigned for fracture muscular action. All six cases were above the age of 61.

The female who died was 82 years of age, and lived 12 days.

Patella 4, C.

Tibia and fibula, 33; C. 32, R. 1.

One male had delirium tremens; cured by opium. In one case the tendo Achillis was divided.

Tibia 25, C.

One case comminuted fracture.

Fibula 31, C.

One male, cured, sustained extensive cellular inflammation and suppuration in integuments of lower half of leg.

Metatarsal bones 6, C.

One man had also fractured radius.

Several bones 3; C. 1, D. 2.

The two men who died survived the accidents only a few hours.

Fibula, with dislocation of tibia inwards, 3, C.

Compound fractures, with or without comminution.—Tibia and fibula 9; C. 4, D. 5.

One male cured; convalescence 202 days. Second, a boy, æt. 10, had comminuted fracture of opposite femur. Third, convalescence 7 months. Female cured, not bad case; wound small.

Of the deaths, one of phthisis. Second, after amputation, from senile disease of arterial system. Third, 6 hours after admission. Fourth, in a few hours. Female died after amputation; asthenia. Further particulars, see table for Compound Fractures.

Tibia and fibula, with comminution into knee-joint, 1, D.

Joint much injured; æt. 68; lived 60 hours; soft parts much lacerated; scalp wound in addition.

External malleolus into ankle-joint, &c. &c., 1, C.

In addition to the injury to joint, soft parts were much lacerated, and the os calcis fractured; amputation below knee. *Vide* table for Compound Fractures.

Fibula 1, C.

Femur 1, D.

Case complicated with much injury to soft parts, and consequent extravasation of blood. Died on 11th day.

Olecranon into elbow-joint 1, D.

Cause of death, pyæmia, after 31 days; limb not amputated.

Olecranon, and simple fracture of tibia and fibula, &c., 1, D.

Lived 11 days; æt. 63; arterial system diseased; profuse suppuration about elbow; extravasation about fracture of leg.

Carpus, metacarpus, &c. &c., 1, C.

Amputation was performed at the wrist-joint; convalescence tedious from suppuration in forearm.

Metacarpal, metatarsal, and phalangeal bones, 3, C.

Phalangeal bones of fingers or toes 9, C.

One male, cured, underwent amputation of foot by subastragaloid method; phagedænic sloughing had followed the injury. The second male cured had parts amputated. The female cured suffered fracture of but one metacarpal bone.

Cranial bones (frontal) 1, C.

Outer table of bone depressed; no symptoms of injury to contents of cranium.

Cranial bones, involving base of skull, 3, D.

Of the males, one lived 19 hours after trephining and elevation, but died of compression. The other lived 4½ hours only; he had sustained severe injury to a leg also. The female lived 42 hours after trephining and elevation, but died of compression.

Dislocations.—Lower maxilla 1, R. Clavicle 1, C. Humerus 2, C.

Femur into obturator foramen 1, C.

Æt. 75; right femur; cause, forcible abduction; treatment, under chloroform and by pulleys.

Patella 1, R. Foot (see Pott's Fracture).

Compound dislocations.—Thumb 1, R.

Convalescence protracted from suppuration in forearm.

Concussion of brain.—26; C. 25, R. 1.

One case had inflammation of brain, but not severely; another had delirium tremens, and yet recovered; another had epilepsy, having injured his head by falling in a fit.

Burns.—44; C. 23, D. 21.

Of the cures, in two cases, males, the burns occurred from the explosion of gas in sewers.

Of the deaths, male, one from sulphuric acid on the second day, and two from tetanus; female, one from delirium tremens, and two from tetanus (for particulars see Tetanus table).

Scalds.—22; C. 19, R. 1, D. 2.

DISEASES OF LOCOMOTIVE ORGANS.

BONES.—

Caries.—Vertebræ (dorsal) 3; R. 1, D. 2. Carpus 4, R.

Tarsus (involving ankle) 3; C. 2, R. 1.

Of the male cures, one by amputation above ankle-joint, the other by amputation at joint after Syme's method.

Tarsus and metatarsus 1, C.

Cure consisted in amputation of foot after Pirogoff's method.

Tarsus only 7; C. 3, R. 4.

Pelvic bones 1, D.

Cause of death, erysipelas and pleurisy.

Necrosis.—Maxilla (superior) 1, R.

Maxilla (lower) 6; C. 3, R. 3.

One case also subject of ulcerated leg, also registered. One case, male, cured, had also necrosis of upper jaw, following salivation, which was accompanied by sloughing of cheek and lip; during his stay in hospital underwent a plastic operation.

Teeth 1, R.

Accompanied by ulceration of mucous membrane of cheek and gums.

Tibia 23; C. 7, R. 13, Dis. 3.

One case, male, cured by amputation above knee-joint, which the disease had invaded; there were extensive abscesses about it. The whole bone was in a diseased state, being unusually friable.

Femur 13; C. 3, R. 9, D. 1 of lung disease.

Of the male cures of necrosis of femur, one was an instance of acute necrosis, and extensive.

Fibula 1, R.

Tarsal bones 3; C. 1, R. 1, D. 1.

The death occurred from lung disease, tuberculosis. The two others were cases of disease of os calcis.

Metatarsal bones 1, C.

Humerus 3; C. 2, R. 1.

The male and female cured were instances of acute necrosis from upper fourth of shaft.

Ulna 1, C.

The male cured had been in hospital in 1861 once before.

Radius 1, R. Phalangeal bones 9, C.

Sternum 2, R.

Of the two men relieved, one was operated on four times, and had long deep sinuses on gluteal region.

Frontal 2, C. Palate bones 3, R.

Periostitis.—Tibia 13; C. 6, R. 6, Dis. 1. Femur 4; C. 2, R. 2. Humerus 3; C. 2,

R. 1. Sternum 2; R. 1, D. 1.

Cause of death, pneumonia on fourth day after admission.

Ostitis.—Humerus (head of) 2; C. 1, R. 1.

Male cured by incision (exploratory) into the bone.

Tibia 4; R. 3, N. R. 1. Tarsal bone 1, R.

Lumbar abscess.—7; C. 2, R. 5.

Spinal curvature.—Lateral 1, R. Angular 4, R.

DISEASES OF JOINTS.—

Synovitis.—Knee 34 (acute 8, chronic 26); C. 28, R. 6.

Of the males cured, one was a case of hydrops articulari, and the treatment by iodine injection.

Hip 3 (chronic 2); C. 2, D. 1. Shoulder (acute) 2; C. 1, R. 1.

Elbow (acute) 1, R.

In this case suppuration occurred in the joint; treated by incision. Convalescence 141 days.

Wrist (acute) 2; C. 1, R. 1. Other joints (chronic) 2; C. 1, D. 1.

Disease of more than synovial membrane.—Knee 30; C. 13, R. 16, D. 1.

Of the males cured, four cases by *excision* of the joint. Average number of days of convalescence 249. Of the males cured, two cases were cured by *amputation*. Number of days of convalescence 52 and 100 respectively. The latter case retarded by the occurrence of secondary hæmorrhage and consequent ligature of femoral artery. (See notes of Excision Table.) One female cured by *excision*. Convalescent in 75 days. One male relieved by ankylosis of joint.

Hip 28; C. 2, R. 21, Dis. 1, D. 4.

Of the deaths, two males from phthisis pulmonalis, and one male from profuse suppuration, but no lung disease; the one female death from phthisis pulmonalis.

Ankle 2, R.

Shoulder 2; R. 1, D. 1.

Death from secondary deposits in lungs, brain, and abdominal walls (see table for Pyæmia).

The one female cured by excision. Convalescence 179 days (see table of Excisions).

Elbow 4; C. 1, R. 3. Wrist 2, R.

Metacarpo-phalangeal of great toe 2, C.

One cured by amputation.

Sacro-iliac 1, R.

Anchylosis.—Knee (osseous) 2, N. R. Knee (soft) 2, R. Ankle 1, R. Shoulder 2, R. Elbow 2, R.

Diseases of bursæ.—Acute 10, C.

Chronic 2, R.

The seat of the affection in one of two males relieved was the waist and palm of hand. Treatment, blistering.

VENEREAL DISEASES.

Gonorrhœa.—Without complication 13, with bubo 7, excoriations 11, phimosis 4, paraphimosis 1, orchitis 7, arthritis 1, abscess on labium 2; C. 23, R. 12, Dis. 3.

Warts.—Not syphilitic 32; C. 23, R. 5, Dis. 4.

Chancres (non-indurated).—Without complication 25; C. 16, R. 7, Dis. 2. With phagedæna 5; C. 2, R. 1, Dis. 2. With inflammatory phimosis 4; C. 3, R. 1. With suppuration in or about inguinal glands 18; C. 12, R. 4, Dis. 2. With secondaries to a former inoculation 2, R.

Bubo.—Alone 4; C. 3, R. 1. Alone, open, 3; C. 2, Dis. 1.

Chancres (indurated).—Without complication 7; C. 2, R. 4, Dis. 1. With adenopathy 8; C. 5, R. 1, Dis. 2. With suppuration in or about inguinal glands 4; C. 2, R. 2.

Constitutional syphilis (integument alone).—Ulcers 7; C. 3, R. 4. Squamæ 4; C. 3, R. 1. Pustulæ 2; C. 1, R. 1.

Vesiculæ 19; C. 11, R. 7, D. 1.

Death from tubercnlosis.

Mucous tubercles 10; C. 3, R. 6, Dis. 1.

With eye 7; C. 5, R. 2.

Male relieved caught *erysipelas* in Job's ward on 18th day. Result, disorganization of left eye and ectropium; also destruction of external portion of left ear.

With throat 12; C. 7, R. 4, Dis. 1. With bone 23; C. 9, R. 11, Dis. 3. With testicle 2, C. Bone with throat 3; C. 1, R. 2. Bone alone 10; C. 4, R. 6.

Testicle alone 1, R. Testicle with bone 1, Dis.

DISEASES OF CIRCULATORY SYSTEM.

Aneurism.—Femoral 2; C. 1, D. 1.

The male cured. Seat of aneurism, close below the origin of the profunda femoris; duration, 18 months; æt. 32. Treatment, ligature; placed on external iliac artery; ligature came away on 30th day; discharged 67 days after.

Male death. Seat of aneurism, at juncture of middle with upper third of thigh; duration, 9 months; æt. 33. Treatment, pressure for 12 days; ligature on 12th day; ligature placed on femoral artery, above origin of profunda branch. Cause of death, repeated hæmorrhages. Notes.—Ligature came away on 11th day; hæmorrhage 8 hours after, and repetitions on 12th and 13th days; ligature of external iliac artery on 13th day; on 19th day, or 6th after ligature of external iliac artery, more hæmorrhagic recurrences, up to 35th day, when seven ligatures applied, including one on the distal end of the femoral artery; after the last ligature no recurrence of hæmorrhage, but man died, exhausted, on 47th day. Suppuration occurred in aneurismal sac.

Aneurism by anastomosis.—Temporal 1, R.

Under treatment 10 months. Principle of treatment, pressure on trunk of temporal artery and the aneurismal tumour.

Nævus.—5; C. 2, R. 3.

Treatment, by injection of perchloride of iron. In one female, nævus seated in gum; actual cautery used in addition to injection.

Varix.—11; C. 1, R. 9, D. 1.

Female cured by pressure from silk twisted on needle placed under vein.

Of the relieved cases, three were treated by pressure as above, and two by potassa fusa.

Death occurred from phlebitis and secondary deposits of pus in lungs, after treatment by pressure as mentioned above.

Varicocele.—2, C.

Both cases treated by pressure from silk twisted on needle inserted behind vein.

Gangrene.—4, D.

In one of the females who died amputation of the foot had been performed. In all, the vascular system was more or less extensively diseased.

DISEASES OF GENITO-URINARY ORGANS.

Calculus.—Renal 1, R.

Vesical 11; C. 8, R. 1, D. 2.

The seven males cured by lithotomy. The female cured by lithotomy also; meatus enlarged by free incision on left side; stone large.

Of the deaths, one of peritonitis after lithotomy, and the other from fatty liver.

Summary of the nine cases operated on :—Males, 8 ; female, 1. Ages, males, 3, 5, 8, 9, 9, 12, 25, 30 years ; female, 5 years. Age of male who died, 12 years.

Urethral 1, R.

Bladder.—Chronic cystitis 6 ; C. 2, R. 4. Incontinence 5 ; C. 1, R. 3, N. R. 1.

Urethra.—Stricture, chronic, 28 ; C. 9, R. 16, N. R. 1, D. 2.

Of the deaths, one with implication of kidneys and bladder, died suddenly from cerebral symptoms ; and the other from heart disease, also suddenly. No post-mortem permitted in either case.

Stricture, suddenly complete, causing retention of urine, 7, R.

Stricture, suddenly complete, followed by rupture of urethra, 6 ; C. 3, R. 1, D. 2.

In one instance, on 12th day of convalescence, the stricture which remained was divided after Syme's method ; result, cure. Each case was treated by incisions. No post-mortem examinations of those who died. Extravasation in each case.

Rupture from injury 1, C.

Cure by catheterism.

Urinary abscess, or perineal fistula, 9 ; C. 4, R. 4, N. R. 1. Warts at orifice of, 1, R.

Testicle.—Orchitis 5 ; C. 4, R. 1.

Chronic orchitis 3 ; C. 2, R. 1.

The cures were effected by castration. Syphilitic taint in one. The second was an example of chronic abscess of the testicle.

Hydrocele 15 ; C. 8, R. 5, N. R. 2.

Of the eight cures, seven were tapped and injected with iodine. The eighth was tapped, and pressure applied.

Spermatorrhœa 2, R.

Prostate.—Hypertrophy 1, R.

Prepuce.—Congenital phimosis 1, C.

Vesico-vaginal fistula.—2, N. R.

No operations attempted.

Laceration of perinæum.—1, C.

Cause, childbirth ; allowed to cicatrize spontaneously.

DISEASES OF ALIMENTARY CANAL.

Mouth.—Check (canerum) 3; C. 2, D. 1. Check (cancerous ulceration) 1, R. Tongue (fissures) 1, R.

Throat.—Ulceration 2; C. 1, R. 1.

Pharynx (occlusion of) 1, R.

Cause of occlusion, cicatrization after ulceration of palate and fauces. Treatment, tracheotomy, to admit air into lungs.

Œsophagus (cancer of) 1, D.

Cancer of œsophagus, stomach, &c. This case is also included in table of Morbid Growths.

Intestines (herniæ).—Ventral 1, R.

No strangulation. In a child; in iliac region; very large.

Umbilical (strangulated) 1, R.

Reduction by taxis in bath.

Inguinal (not strangulated) 2, R.

One partly, the other not at all, reducible.

Inguinal (strangulated) 9; C. 7, D. 2.

Of the 7 cures, 5 were cured by taxis and bath, and 2 were cured by operation.

Of the deaths, each had been operated upon. Of the 9 cases, 4 underwent operation. Of the 4 operation cases, 2 recovered, and 2 died. For details see table for Herniotomy.

Femoral (not strangulated) 2, R.

Relieved by trusses.

Femoral (strangulated) 5; C. 4, D. 1.

Of the 4 cures, 1 was cured by taxis and bath, and 3 were cured by operation. The death occurred notwithstanding operation. Of the 5 cases, 4 underwent operation. Of the 4 operation cases, 3 recovered, and 1 died. For details, see table of Herniotomy.

Summary for inguinal and femoral hernia, strangulated, operated on:—Total 8; cures 5, deaths 3; males 4, females 4; males all inguinal, and females all femoral. Ages of cures, 63, 20, 49, 25, 20; ages of deaths, 31, 71, 60. Hours of strangulation of cures, 60, 36, 22, 18, 18; hours of deaths, 72, 72, 42. Two of the deaths, male, inguinal; 1 of the deaths, female, femoral. Time at which death occurred after operation, male, inguinal, æt. 31, strangulation 72 hours, lived 46 hours; male, æt. 60, strangulation 42 hours, lived 50 hours; female, femoral, æt. 71, strangulation 72 hours, lived 7 days. Sac opened in each of the 8 cases, omentum and intestines in 5, intestine only in 3. Causes of death, peritonitis, complicated with organic disease of kidneys, or great age.

Rectum.—Abscess 5, C.

Fistula 31; C. 23, R. 5, N. R. 2, D. 1.

The male died from phthisis.

The 23 cures by division of sphincter ani.

Ulcers (fissural) 4, C. Stricture 3, R.

Cancerous ulceration 4; R. 2, N. R. 1, D. 1.

Fide table of Morbid Growths.

Hæmorrhoids 9; C. 2, R. 7.

MORBID GROWTHS AND TUMOURS.

Characters benign.—Fatty tumours 11, C.

Of the 11 cases, 6 were on or near the shoulder, 3 were on the back, and 2 at the nape of the neck.

Cystic tumours 6; C. 5, R. 1.

Of the 6 cases, 2 were on buttock, 1 at coccyx, 1 on patella, 1 on lower third of leg, and 1 on the outer side of lower end of femur, overlapping the joint. The last case went out before cure complete; seat, in plantar portion of a toe.

Chronic mammary tumour 1, C. Fibrous tumour 1, C.

Epithelial growth 2; C. 1, R. 1.

Female cured; seat of disease, a small patch of integument on radial border of forearm in last third. Female relieved; disease in integument of scalp, a large warty growth.

Characters doubtful.—Rodent ulcer 3; C. 1, R. 2.

Male cured; seat of disease at outer angle of eye; treatment, excision as for "epithelioma." Males relieved; seat of disease at ala of nose in each case; no operation; treatment palliative.

Enchondromatous tumour 1, D.

Seat of disease, pelvic bones; a very extensive tumour; characters well marked; æt. 39; illness of 3 years and 6 months.

Recurring fibroid tumour 1, C.

Reappearance of growth 4 years after first appearance and excision; treatment, excision; seat of disease, integument of thigh.

Characters cancerous.—Epithelial growth 7; C. 5, D. 2.

Of the 5 cases of cure, in 4 seat of growth lower lip; treatment, excision of growth; in 5th case the penis; treatment, amputation.

Deaths.—One man died from extension of disease through submaxillary glands; epithelial cancerous growth had been removed from the lip 18 months before. The other man died of exhaustion from affection of the œsophagus.

Scirrhus growths 17; R. 11, N. R. 3, D. 3.

11 females relieved; seat of disease in each case in breast; treatment in 10 of the cases, excision of the growth or the entire organ affected. The disease reappeared in 4 of the cases. In 3 cases the excision was performed for a reappearance of the disease. One of the 11 relieved cases was not operated on.

Of the males unrelieved, 1 was the subject of disease of prostate, æt. 70; the other of a growth under angle of jaw.

The deaths occurred from extension of the disease to internal viscera.

The female unrelieved was a case of return of the disease ; she was twice readmitted.

Cancerous ulceration 6 ; R. 2, N. R. 2, D. 2.

Two females, relieved, had cancerous ulceration of rectum ; treatment palliative.

Of the 2 males who died, one had cancerous ulceration of rectum ; the seat of the ulceration in the other case was at the base of the skull and brain ; it had eroded the face and was invading the brain when the sufferer died.

Of the 2 males unrelieved, one had cancerous ulceration of the rectum, anus, and its margins ; and the other was the subject of similar ulceration over sacrum and buttock.

Osteosarcomatous growths 1, N. R.

This was a case in which the disease reappeared in the lumbar glands to a great extent, after amputation of the leg had been performed for osteosarcoma of the tibia ; disease in lumbar glands noticed 11 months after the amputation. The amputation had been performed 15 months prior to the readmission.

Enecephaloid growth 3 ; R. 1, N. R. 1, D. 1.

In the male relieved the disease was seated in the forearm ; treatment by amputation. This was an instance of reappearance of disease after removal by the knife. The amputation was performed 2 years after the extensive operation. Total duration of illness, 6 years.

The male unrelieved was subject of extensive enecephaloid disease of the testicle.

In the female who died the disease was seated in the upper third of the thigh, at the back part ; on account of the state of disease and her advanced age at the time of admission, no operation was attempted.

DISEASES OF INTEGUMENT AND AREOLAR TISSUES.

Cellular inflammation, including *Inflammatory œdema*.—31 ; C. 26, R. 3, N. R. 1, D. 1.

In one case, male, relieved, integuments swollen from knee to ankle. Cause, lymphatic obstruction ? Child 3 months old.

The death from sloughing in groin and thigh ; child æt. 2 years, lived 2 days only.

Erysipelas.—11 ; C. 8, D. 3.

The female cured had more than one relapse of erysipelas. Ill a long time ; of strumous diathesis.

Male died from erysipelas of both legs, and soon after admission. One female had erysipelas of both legs, and was moribund on admission ; the other had erysipelas of head and face ; had been in a destitute condition.

Carbuncles.—14 ; C. 13, D. 1.

The death from erysipelas caught 8 days after admission.

Boils.—1, C.

Abscesses.—Superficial 45; C. 38, R. 6, Dis. 1. Deeper seated 38; C. 24, R. 10, Dis. 2, D. 2.

Thecal 8; C.

One male cured, abscesses numerous, followed cellular inflammation of forearm and hand consequent on wound of finger 8 months before, from dissection of a glandered horse. In one instance abscesses occurred from a poisoned wound; in another at seat of excision of a fatty tumour. Two cases, male, cured, abscesses burst into urethra. One male, discharged for "other causes," was moribund from phlebitis.

Of the deaths, one was a child $1\frac{1}{2}$ year old, from extensive tuberculosis; the other from deposit of pus in knee-joint, an old man, and had long suffered from abscess in thigh.

Ulcers.—Strumous 15; C. 5, R. 8, Dis. 2.

Varicose 33; C. 17, R. 16.

Two cases were admitted for hæmorrhage from a ruptured vein. Three cases were much benefited by obliteration of the saphena major vein by ligature. One man had been much benefited by similar treatment 10 months before.

Of asthenia 67; C. 34, R. 29, Dis. 2, D. 2.

Of the deaths, one man died suddenly, during cicatrization of the ulcer, from heart disease, the other from renal disease; the ulcers were on legs œdematous from the renal dropsy.

Of doubtful character 39; C. 13, R. 23, Dis. 3.

Cases indirectly syphilitic and scrofulous.

OPERATIONS TREATED TO A TERMINATION DURING THE YEAR 1861.

AMPUTATIONS.—

Primary.—Below knee 2; complicated comminuted fractures of tibia and fibula, much injury to soft parts; complicated fracture of left external malleolus into joint; fracture of os calcis; C. 1, D. 1. Æt. 60; disease of arterial system; had delirium traumaticum; stump sloughy.

Toes 2; comminution of bone and laceration of soft parts; C.

Above elbow 1; extensive lacerated and contused wounds of forearm and elbow.

Died from shock; æt. 16.

Above wrist 1; complicated comminuted fracture of wrist and hand, much injury to soft parts; C.

Æt. 14; convalescence prolonged by cellular inflammation along back of forearm.

Thumb, fingers (1 or more) 31; comminution of bone, laceration of soft parts; C.

Secondary.—Above knee 1; compound comminuted fracture of tibia and fibula, extensive lacerations; D.

Æt. 60; operation 6th day; survived 27 days; gangrene of stump; hæmorrhage.

54 OPERATIONS TREATED TO A TERMINATION IN 1861.

Subastragaloid 1; phagedænic sloughing after injuries; C.
Operation on 24th day.

For disease.—Above knee 3; disorganization of knee-joint, disease of tibia; c. One man had synovitis of ankle-joint at same time. Second had disease of femur, and extensive abscesses. Third had secondary hæmorrhage, which required ligature of femoral.

Syme's operation at ankle 1; disorganization of ankle-joint and disease of os calcis and astragalus; C.

Æt. 14; sloughing of contents of lower flap.

Amputation above ankle 3; for senile gangrene, disorganization of ankle-joint, disease of tarsal bones, and to remedy effects of old injuries on foot; C. 2, D. 1. Disease of arterial system; no post-mortem allowed.

Pirogoff's operation at ankle 2; 1 for effects of old injuries, 1 for disorganization of ankle-joint, disease of tarsal bones, &c.; C. 1, R. 1. With sloughing of greater part of lower flap, necessitating above operation. Convalescence 196 days.

Toe 1; tumour; C. Above elbow 1; for encephaloid cancer in forearm; C. Fingers 4; necrosis of phalanges; C.

Excisions of joints.—Knee 5; disorganization of joint by disease; C. Elbow 1; disorganization of joint by disease; C.

Ligature of arteries.—External iliac artery 2; 1 femoral aneurism, 1 secondary hæmorrhage; C. 1, D. 1.

The man who died had had femoral artery tied for aneurism; he died from hæmorrhage.

Femoral artery 2; 1 femoral aneurism C., 1 secondary hæmorrhage after amputation D. Had femoral tied for aneurism; died after ligature of external iliac.

Ligature of varicose vein.—1; phlebitis, pyæmia; D.

Trephining of cranial bones.—4; abscesses between dura mater and bones twice on same man; D.; cause of death, pyæmia (?). Compound comminuted fracture of cranial bones 2, D.

Herniotomy.—8; inguinal 4, femoral 4, strangulation; C. 5, D. 3. Cause of death, peritonitis.

Lithotomy.—9; calculus in bladder; males 8, female 1; C. 8, D. 1. Cause of death, peritonitis.

Castration.—2; chronic disease of testicle; C.

Amputation of penis.—1; epithelial cancer; C.

Excision of breast.—10; cancer (scirrhus); C.

Excision of tumours.—36; epithelial cancers 5, epitheliomatous 1, fibrous 1, cystic 2, fatty 9, sebaceous 18; all C.

Epithelial cancers on lip, all males. Epitheliomatous, female, from forearm.

Fibrous from thigh; cystic from buttock or coeeyx; fatty, 3 males, 6 females; sebaceous 10, scalp 6, face and neck 1, buttock 1.

Reduction of dislocations 26;—humerus 21, femur 1, elbow 4; all C.

Section of perinaeum 5. *Tracheotomy* 3. *Paracentesis abdominis* 31. *Paracentesis thoracis* 1. *Excision of globe of eye* 1 (for staphyloma). *Amputation of interior half of globe of eye* 1. Operations all successful.

Needle operations for cataracts 31. *Strabismus* 2. *Operations for removal of diseased bones* 44;—diseased bones, tibia 19, ulna 5, femur 4, humerus 3, radius 3, os calcis 3, astragalus 2, sternum 2, phalanges 2, jaw 1. *Tenotomy* 12;—talipes varus 5, talipes valgus 2, talipes equinus 1, flat foot 4. *For harelip* 1; double harelip; C. *Plastic operations* 4;—deformities after burns 1, after ulceration 1, injuries 2; C. 3, R. 1. *Excision of great toe-nail* 1; disease at matrix of nail; C.

TOTAL 298. Major operations—C. 55, D. 13. Minor operations—C. 229, D. 10.

CASES IN WHICH THE BREAST WAS EXCISED FOR CANCER.

1. Excision of breast, but not of glands; disease scirrhus, glands slightly affected; æt. 64; disease noticed 5 yrs.; R.; in hosp. 55 d. Reappeared in about 5 mos.
2. Of breast; disease scirrhus ulcerating, of breast only; æt. 67; noticed 6 mos.; R.; in hosp. 32 d. Lost sight of.
3. Of breast and glands; disease scirrhus, glands affected; æt. 51; noticed 9 mos.; R.; in hosp. 64 d. Known that disease had not returned more than a year after.
4. Of growth in breast; disease scirrhus; æt. 52; noticed 6 mos.; R.; in hosp. 50 d. Lost sight of. Had erysipelas of wound after operation.
5. Of breast and glands; disease scirrhus, glands affected; æt. 48; noticed 4 mos.; R.; in hosp. 37 d. Reappeared in breast 4 mos. later.
6. Farther excision of growth in the same breast; æt. 49; noticed 10 mos.; R.; in hosp. 53 d. Lost sight of.
7. Excision of breast; disease scirrhus of breast only; æt. 50; noticed 12 mos.; R.; in hosp. 48 d. Lost sight of.
8. Of growth from breast; disease scirrhus of breast only; æt. 43; noticed 18 mos.; R.; in hosp. 24 d. Disease reappeared in breast in less than 4 mos. Has since died of cancer.
9. Farther excision of growth from breast operated upon 10 mos. before; disease scirrhus; æt. 42; noticed 2 mos.; N. R.; in hosp. 62 d. Farther growth discovered before wound cicatrized.

10. Excision of breast; disease scirrhus of breast only; æt. 37; noticed 6 mos.; R. Lost sight of.

Average age, 51.3; highest age, 67; lowest age, 37; longest time noticed, 5 yrs.; shortest ditto, 4 mos. Of the 10 operations, 2 were for return of the disease, and in 4 out of the 10 cases the disease is known to have returned.

FATAL CASES OF SECONDARY DEPOSITS OF PUS.

1. Supposed deposits in lungs (no post-mortem examination), after comminuted fracture of olecranon into elbow-joint and suppuration in joint (7th day); 1st rigor on 18th d.; duration 13 d.; male, æt. 38. Treatment, stimulating.

2. Secondary deposits of pus in lungs, brain, abdominal walls, after suppuration in shoulder-joint; 1st rigor on 12th d.; duration 6 d.; male, æt. 56. Treatment, Bismuthi Trisnitr. gr. xv ex Aq. c. Mucilag., b. d.; wine 3x daily.

3. Secondary deposit of pus in sheath of psoas muscle, following abscesses between dura mater and bone after lacerated and contused wound over right temple; rigors on 34th d.; duration 15 d.; male, æt. 29. Treatment, stimulating. The collection of pus in the sheath of the right psoas muscle was very large. An incision had been made into where it pointed in the adductor region 6 d. before he died. Convulsions occurred in connection with the abscesses between the dura mater and the bone. The operation of trephining was twice performed to open the abscesses.

4. Secondary deposits of pus over circumference of lungs, following extensive suppuration from lacerated and contused wound of integuments of upper and forearm; rigors on 23rd d.; duration 5 d.; male, æt. 32. Treatment, stimulating. The injury was followed by extensive sloughing of the integument and fascia, with profuse suppuration.

5. Secondary deposit of pus in lung, following phlebitis of right sapbena major vein after treatment for varix; 1st rigor on 6th d. after ligature, pneumonia on 10th d.; duration 11 d.; male, æt. 28. Treatment, stimulating. Varix had been treated by pressure from silk twisted on to a needle inserted beneath the vein.

CASES IN WHICH TETANUS OCCURRED.

1. Tetanus, general (trismus the early symptom), consequent on a contused wound of thumb; in 6 d.; lasting 5 d.; D.; æt. 30, male; under treatment 20 hrs. Purgatives; atropine gr. $\frac{1}{20}$ each hour, belladon. to thumb; 6 oz. wine, 4 eggs, beef-tea, milk.

2. Tetanus, general (trismus the early symptom), after burn of integument of right arm; on 15th d.; duration 5 d.; D.; æt. 12, male; under treatment 5 d. Purgatives; morphia, quinine and iron, wine, rum, eggs, sago, &c. Symptoms were not abated. Cause of burn, ignition of phosphorus.

3. Tetanus, general (trismus the early symptom), after burn of integument of

right arm; on 10th d.; duration 3 d.; D.; æt. 18, male; under treatment 9 hrs. Tinct. Aconiti $\text{m}\nu$, t. d.; Ext. Opii (3j—Oj Aquæ) to sore on arm; wine, nourishment, ad libitum. Cause, ignition of clothes from burning phosphorus. At the post-mortem examination of this case, besides congestion of the spinal cord and its membranes, a hydatid cyst was discovered beneath the left middle lobe of the brain.

4. Tetanus, general (trismus the early symptom), following fractures of 2nd and 3rd lumbar vertebræ; on 2nd d.; duration 13 d.; D.; æt. 45, male; under treatment 10 d. Purgatives; Tr. Aconit. mij every 6 hrs. for $2\frac{1}{2}$ d., and $\text{m}\nu$ three times daily for 3 d. more; stimulants freely; cupping to 3vij from loins; blisters to back of neck. He was apparently recovering on the 10th d., and he died from sudden spasm of diaphragm? On the 6th d. he was so much better that the aconite was left off.

5. Tetanus, general (trismus the early symptom), after extensive lacerated and contused wound of leg, opening knee-joint; on 8th d.; duration 6 d.; D.; æt. 41, male; under treatment 6 d. Purgatives; Tr. Ferri Sesquichlor. mxx every 3 hrs. for 4 d.; wine and nourishment. Died from tetanus and exhaustion. Great constitutional disturbance from the severe injury.

6. Tetanus, general (trismus the early symptom), after burns, by fire, of patches on trunk and of left arm and leg; on 8th d.; duration 33 hrs.; D.; æt. 34, female; under treatment 24 hrs. Tr. Opii mxl once, and injection of same 3ij; brady. The extension from trismus to general tetanus was very rapid. She had complained greatly of pain in the arm. Died from spasm of diaphragm.

7. Tetanus, general (trismus the early symptom), after burns, by fire, of patches on trunk and of right shoulder and arm; on 9th d.; duration $2\frac{1}{2}$ d.; D.; æt. 18, female; under treatment $2\frac{1}{2}$ d. Purgatives on 1st d.; atropine afterwards, $1\frac{1}{2}$ gr. in 30 hours, in doses of either gr. $\frac{1}{10}$ or $\frac{1}{20}$ at a time. She was freely supplied with stimulants and nourishment. Died from general tetanus.

COMPOUND FRACTURES.

Compound comminuted fracture of cranial bones on both sides of head, extending to base of skull; treatment, trephining and elevation of depressed bone; æt. 28; f.; D. Hæmorrhage and compression.

Survived operative assistance 42 hrs.

Compound comminuted fracture of cranial bones on both sides of head, extending to base of skull; treatment, trephining and elevation of depressed bone; æt. 27; platelayer; D. Hæmorrhage and compression.

Survived 19 hrs.

Compound comminuted fracture of cranial bones on both sides of head, extending to base of skull, and injury to leg; treatment, trephining and elevation of depressed bone; æt. 30; pointsman; D.

Survived only $4\frac{1}{2}$ hrs. after admission.

Compound fracture of frontal bone ; no operation ; æt. 47 ; C. Outer table of bone depressed.

Remained in 14 d. ; no symptoms of disturbance of brain.

Compound comminuted fracture of femur ; no operation ; æt. 46 ; waterman ; D. Depraved state of system.

Survived accident 11 d. ; attended with great injury to soft parts.

Compound comminuted fracture of tibia and fibula ; no operation ; C. Necrosis from tibia.

Convalescence 202 d.

Compound fracture of tibia and fibula ; no operation ; æt. 33 ; f. ; C.

Convalescence 52 d. ; wound small.

Compound fracture of tibia and fibula ; no operation ; æt. 34 ; manure-factor ; D. Tubercular disease of lungs.

Survived 29 d. ; died from effects of injury and lung disease.

Compound fracture of tibia and fibula ; no operation ; æt. 10 ; C. Comminuted fracture of opposite femur.

Convalescence 88 d.

Compound fracture of tibia and fibula ; no operation ; æt. 50 ; at brewery ; C.

Convalescence 7 mos.

Compound comminuted fracture of tibia and fibula ; amputation 21 d. after ; æt. 60 ; f. ; D. Gangrene, secondary hæmorrhage.

Died 27 d. after accident, 6 d. after operation ; stump gangrenous.

Compound comminuted fracture of tibia and fibula ; amputation 3 hrs. after ; æt. 60 ; labourer ; D. Disease of arterial system, gangrene of stump, delirium traumaticum.

Survived 8 d. ; arteries calcareous.

Compound comminuted fracture of tibia and fibula and tarsal bones, with much laceration ; no operation ; æt. 35 ; seaman ; D.

Died 6 hrs. after admission, without having rallied at all.

Compound comminuted fracture of tibia and fibula, with contusion, laceration, and extravasation ; no operation ; æt. 49 ; D.

Survived a few hrs.

Compound comminuted fracture of tibia into knee-joint, much laceration ; no operation ; æt. 68 ; D. Scalp wound, disease of kidneys and arterial system.

Survived 60 hrs.

Compound comminuted fracture of fibula ; no operation ; æt. 59 ; excavator ; C. Convalescence 37 d.

Compound fracture of malleolar process of fibula, opening ankle-joint, fracture of os calcis, much laceration of soft parts ; primary amputation ; æt. 50 ; railway porter ; C. Erysipelas, necrosis from stumps of bones, exploratory operations in consequence.

Convalescence 10½ mos.

Compound fracture of olecranon and simple fracture of tibia and fibula of same side, with much contusion and extravasation of blood; no operation; æt. 63; f.; D. Disease of arterial system, profuse suppuration about elbow, extravasation of blood into muscles of leg.

Survived 11 d.

Compound comminuted fracture of olecranon into elbow-joint; no operation; æt. 38; deal porter; D. Suppuration in elbow-joint and pyæmia.

Survived 31 d.; first rigor occurred on 18th d., or 13 d. before death.

Compound comminuted fracture of carpus, metacarpus, &c., without much laceration; primary amputation at wrist-joint; æt. 14; factory-boy; C. Cellular inflammation along back of forearm.

Convalescence 5 mos. and 4 d.

Compound fracture of metacarpal bones of ring and index fingers, with their phalanges; primary amputation of the parts; æt. 28; waterman; C.

Compound fracture of metatarsal bones and phalanges, much contusion; secondary amputation of foot (subastragaloid); æt. 32; hammerman; C. Phlegdænic sloughing, no complication after operation.

Amputation was performed on 24th d. after injury; convalescence 77 d.

Compound fracture of metacarpal bone of index finger; no operation; æt. 63; f.; C. Convalescence 29 d.

Nine cases of more or less severe compound fractures of phalangeal bones of fingers or toes; primary amputation; C.

EXCISIONS OF JOINTS.

1. Excision of knee-joint for disease of synovial membrane, subarticular caries, ulceration of cartilage; after injury; health impaired, joint much enlarged, no sinuses; duration 4 yrs.; æt. 9, male; C. in 268 d.

2. Knee-joint for disease of synovial membrane, subarticular caries, ulceration of cartilage; after injury; health impaired, joint much enlarged, no sinuses, luxation; duration 5 yrs.; æt. 15, male; C. in 182 d.

3. Knee-joint for disease of synovial membrane, subarticular caries, ulceration of cartilage; much constitutional disturbance, no sinuses; duration 1 yr.; æt. 10, male; C. in 385 d.

4. Knee-joint for disease of synovial membrane, subarticular caries, ulceration of cartilage; ? rheumatic; health much impaired, disease in joint very extensive; duration 13 wks.; æt. 24, female; C. in 75 d. Abscesses from burrowing of pins.

5. Knee-joint for disease of synovial membrane, subarticular caries, ulceration of cartilage, and large abscesses in thigh; ? gonorrheal; health impaired, joint much swollen, abscesses open, connected with joint; duration 4 yrs.; æt. 27, male; C. in 162 d. Abscesses, œdema of leg.

6. Elbow-joint for disease of synovial membrane, subarticular caries, ulceration of cartilage, and large abscesses in thigh; strumous; joint much swollen, sinuses communicating with joint; duration 6 yrs.; æt. 11, male; C. in 179 d.

CASES IN WHICH LITHOTOMY WAS PERFORMED.

1. Lateral; æt. 3; symptoms 2 yrs.; lithic acid; male; C. in 22 d.
2. Lateral; æt. 5; symptoms 2 yrs., ? more; lithic acid; male; C. in 19 d. In this case the straight staff was employed.
3. Lateral; æt. 8; symptoms 3 wks., ? more; lithic acid; male; C. in 44 d.
4. Median; æt. 9; symptoms 3 yrs.; lithic acid, $12\frac{1}{2}$ drs. in weight; male; C. in 34 d. The first incision was made across the median line obliquely. The straight staff was employed.
5. Lateral; æt. 9; oxalate of lime; male; C. in 56 days; chronic cystitis. In this case the gorget was employed.
6. Lateral; æt. 12; symptoms 8 yrs.; lithic acid; male; D. in 5 d.; peritonitis.
7. Lateral; æt. 25; symptoms 4 yrs.; oxalate of lime, $3\frac{1}{2}$ oz. in weight; male; C. in 97 d.; sloughing into rectum. A fistulous opening after the sloughing; it was treated most successfully by division of the sphincter ani.
8. Lateral; æt. 30; symptoms $2\frac{1}{2}$ yrs.; phosphatic, a soft mass; male; C. in 48 d.; bilious vomiting, disease of bladder. The mass was soft, and easily broke down under the pressure of forceps. It was with difficulty removed, in consequence of its softness. The stone seems to have formed since a *fracture of the pelvis* and subsequent disease of the bladder. The accident occurred $2\frac{1}{2}$ yrs. before the date of his admission. N.B.—Since the operation fresh coneretions have formed.
9. Incision through the left side of the urethra; æt. 5; symptoms ? 5 yrs.; lithic acid, 7 drs. 18 grs. in weight; female; C. in 25 d. The operation was followed by incontinence of urine. At time of her leaving hospital she was gaining some power of retention.

Average convalescence, 43 d.

CAUSES OF 113 DEATHS.

From immediate results of injuries, m. 26, f. 13.

From later results of injuries, as, from congestion of brain, m. 2; delirium tremens, m. 1, f. 2; tetanus, m. 5, f. 2; secondary deposits of pus, m. 3; pleurisy, f. 1; hectic, m. 1.

From results of injury and concurrent disease, as, abscess in liver and peritonitis, m. 1; cancerous cachexia, f. 1; disease of arterial system, m. 1, f. 2; phthisis, m. 1; age, f. 1.

From tuberculous, m. 9, f. 2; erysipelas, m. 2, f. 3; gangrene, m. 2, f. 2; secondary deposits of pus, m. 2; hectic, m. 6, f. 1; hæmorrhage, m. 2; pneumouia, m. 1; peritonitis, m. 3, f. 1; renal disease, m. 3; heart disease, m. 2; enchondroma, f. 1; cancer, m. 4.

M. 77, f. 36.

CASES IN WHICH HERNIOTOMY WAS PERFORMED.

1. Inguinal (large and serotal); strangulated 72 hrs.; taxis, bath, ice; sac opened—omentum tied, 14 oz. weight cut off—pedicle left in wound; sac contained a large quantity of omentum, coil of small intestine, ? piece of cæcum—intestine of dark colour, with lymph on it; stricture at neck of sac; æt. 31, male; D. in 46 hrs.; renal disease—ulcer on ileum—peritonitis. By post-mortem examination there was discovered peritonitis, and that the intestine was gangrenous.

2. Inguinal (large and serotal); strangulated 42 hrs.; taxis, bath, enema, ice; sac opened; contents, a large piece of cæcum in a distinct sac, and small intestine, the latter dark and coated with lymph; stricture at neck of sac; æt. 60, male; D. in 50 hrs.; peritonitis and diarrhœa. Died rather suddenly, but not from perforation. Only limited post-mortem examination permitted.

3. Inguinal (serotal); strangulated 36 hrs.; taxis, bath; sac opened—omentum tied and cut off—pedicle left in wound; contents, a large piece of omentum and small intestine, the latter of dark colour; stricture at internal abdominal ring; æt. 20, male; C. in 42 d. Able to wear truss at time of discharge.

4. Inguinal (congenital); strangulated 18 hrs.; taxis, bath, ice; sac opened; contents, about 6 inches of small intestine and much fluid—intestine red and congested; stricture at neck of sac; æt. 20, male; C. in 44 d. Able to wear truss at time of discharge.

5. Femoral; strangulated 72 hrs.; taxis, ice; sac opened—a small quantity of omentum torn off; contents, omentum, small intestine, and fluid—intestine dark, but not very so; stricture at Gimbernat's ligament; æt. 71, female; D. in 7 d.; peritonitis. Did not rally after operation. Peritonitis not extensive.

6. Femoral; strangulated 60 hrs.; taxis; sac opened—omentum left in sac; contents, omentum, which was adherent—small intestine; stricture at Gimbernat's ligament; æt. 63, female; C. in 34 d. Able to wear truss at time of discharge.

7. Femoral; strangulated 18 hrs.; taxis, mercury, bath; sac opened; contents, omentum, intestine, fluid; stricture at Gimbernat's ligament; æt. 49, female; C. in 35 d. Able to wear truss at time of discharge.

8. Femoral; strangulated 22 hrs.; taxis, ice; sac opened; contents, intestine, fluid—intestine dark, but without lymph; stricture at Gimbernat's ligament; æt. 25, female; C. in 39 d. Able to wear truss at time of discharge.

Of the 8 cases, 4 were inguinal and 4 were femoral. The subjects of inguinal were males, and the subjects of femoral were females.

Of the 8 cases, 5 were cured and 3 died.

The ages of those cured, 63, 49, 25, 20, 20.

The ages of those who died, 71, 60, 31.

Duration of strangulation of cures in hours, 60, 36, 22, 18, 18.

Duration of strangulation of deaths in hours, 72, 72, 42.

Time at which death occurred after operation—in case of inguinal, æt. 31, strangulation 72 hrs., 46 hrs.; æt. 60, 42 hrs., 50 hrs.; femoral, æt. 71, 72 hrs., 7 d.

Of the deaths, 2 were from inguinal, and 1 from femoral, hernia.

The sac was opened in each of the 8 cases.

Intestine and omentum were found in 5, and intestine alone in 3, of the 8 cases.

1862.

INJURIES.

Contusions.—Head 9, C. Neck 1, C. Trunk 20, C. 19, R. 1.

Extremities 39; C. 35, R. 4.

In one male the injury had been received 2 months prior to admission. Seat, lumbar and sacral region. Injury was followed by hæmaturia. He returned to work on second day after injury. Hæmaturia recurred 6 weeks after accident. Admitted for dysuria and alleged hæmaturia. No hæmaturia after admission. Rest and a little wine for treatment. In second male, seat of injury, loin. Hæmaturia once after injury, but none subsequently. Subject also of lacerated wound of scrotum. In one male the popliteal space was the seat of contusion, it was followed by abscess locally, and in 14 days by partial gangrene of the toes and foot. Cicatrization was procured by granulation. Another male had gouty pains in the contused parts. In another male the region of the knee was the seat of contusion. Extensive suppuration followed.

Several parts at once 5, C.

Sprains.—10; C. 9, R. 1.

Incised wounds.—Throat 2, C.

In one case wound quite superficial. In the other case the thyroid cartilage was cut through and the larynx opened. Hæmorrhage was profuse. As cicatrization took place, a trachea tube was required. The man had to wear the tube at the time of his leaving hospital. He could only indistinctly make himself heard.

Wrist 1, C.

Radial artery divided; both ends ligatured.

Fingers 1, C. Foot 1, C.

Punctured wounds.—Thorax 1, D.

The wound extended from the right third costal cartilage to the intercostal space of the fourth and fifth ribs, dividing the cartilage of the fourth rib, and entering the pleural cavity. Profuse hæmorrhage took place from the intercostal artery. Eight hours after admission he was bled to 16 oz., and put on opium and antimony. Third day he was delirious and feeble; opium and antimony discontinued; opium given by itself, and porter ordered. Fourth day, profuse hæmorrhage recurred; wine and opium given freely. Fifth day, the wound was opened and patient turned on his side; a large quantity of fetid, purulent, and bloody fluid was by this means drained away. Sixth day, a counter-opening was made by paracentesis and the pleural sac

washed out by pouring water into the upper wound. He died early on the morning of the following or seventh day. No post-mortem was allowed. The man was a corn porter; æt. 35.

Gunshot wounds.—Head 1, D.

The injuries were suicidal. He had fired two shots—one at his head, only injuring the scalp superficially, and a second through his mouth towards the base of the skull. The bullet had lodged in the right side of the body of the sphenoid bone. Symptoms were first of concussion and afterwards of meningitis. At the post-mortem examination the basal bones about the sphenoid (body of) were found fractured, the dura mater was lacerated, the brain was becoming diffuent, and there were the usual signs of inflammation at the base of the brain. The man survived the injuries 3 days and 5 hours. He was 56 years of age.

Arm 1, C.

The gun had been loaded with fragments of stone. Some fragments had entered the deltoid muscle, and some had passed through the posterior fold of the axilla from behind. A counter-opening to the aperture of entrance was required in the deltoid region. Recovery was good. Convalescence 55 days. Youth, æt. 15.

Ball of thumb 1, C.

Lacerated and contused wounds.—Scalp 34; C. 32, R. 1, D. 1.

Of the males cured, one had also fractured ribs, and was the subject of carcinomatous ulceration of left ear; he was 78 years of age. Another had fallen in an epileptic seizure. A third was attacked with erysipelas when in Isaac Ward, and a fourth was similarly attacked, and was also the subject of fractured humerus.

Of the females cured, one was attacked with mania. Her age was 63 years. She had fractured base of radius as well.

The male who died had had extensive scalp wound and concussion. He was sensible on the third day. On the twenty-seventh day after accident he was attacked with shivering and symptoms of secondary deposits. He died 12 days after the shivering. At the post-mortem examination a large abscess was discovered in the spleen, the left lower lobe of lung congested, and spleen and lung were adherent to the intervening diaphragm. Æt. 15. Waterloo Road accident.

Upper and forearm 3, C.

Wrist 2, C.

In one case the ulnar artery was torn through and required ligaturing.

Hand 3, C.

Foot 2, C.

In one case cellulitis attacked the seat of injury; æt. 62.

Minor parts 15; C. 14, D. 1.

The lip was the seat of injury in one male, æt. 15. Hæmorrhage had been going on more or less for ten days before he applied for admission. Forceps (bulldog) were fixed on the bleeding spot and left on for some hours; no bleeding occurred afterwards.

Several parts 1, D.

The wounds were made by glass The chief wound was in the calf of the right

leg, and was of deep penetrating character; it had divided the posterior tibial artery and another vessel (? sural artery). The posterior tibial vessels were reached by cutting through the inner head of the solæus muscle, and the artery was ligatured. He had lost a large quantity of blood already, and was the subject of several other lacerated and contused wounds and a fracture of the ulna. He sank on the third day. He was 57 years of age. Disease of the kidneys (degenerative) was discovered at the post-mortem examination.

Fractures.—Cranial bones (including fractures at base) 2; C. 1, D. 1.

The male cured was the subject of fracture of the right temporal bone; it was a little depressed. On admission he was sensible, but excited. In 6 hours became insensible, and bleeding from the right ear took place. In 24 hours he became delirious. In 48 hours he had become more rational. There was not any serous discharge from the ear. In 10 days he had become quite rational and was regaining health. At the time of his discharge, at the end of 36 days, there was still some depression on the temporal region. No medicines were employed in the treatment of this case, and ice was kept applied for 3 weeks. He was a labourer (railway), æt. 45.

The male who died only survived the injury $4\frac{1}{2}$ hours. The base of the skull was fractured, the brain was lacerated, and hæmorrhage had occurred extensively.

Nasal bones 1, C. Lower jaw 1, C.

Clavicle 2, C.

In a male the clavicle was comminuted; cause, direct violence.

Scapula 1, C.

Scapula fractured across. The man was also the subject of fractured ribs and emphysema.

Humerus 8, C.

In one male the neck of the bone was the seat of fracture. In two of the females the neck was the seat of fracture, and in one the bone was comminuted. Another female was also the subject of fracture of base of radius.

Radius and ulna 1, C.; radius (base of) 1, C.; ulna 1, C.; sternum 1, C.

Ribs 25; C. 21, D. 4.

Of the males cured, two had emphysema and one of the two had hæmoptysis. One had pleurisy after the injury, he was convalescent in one month. One had more than two ribs fractured and was the subject of concussion of the brain; delirium tremens whilst in hospital; he had been a wine porter. Another case was also the subject of fractured scapula and a scalp wound; he contracted erysipelas whilst in hospital.

Of the deaths, one had sustained fractures of seven ribs, rupture of the spleen, and extravasation of blood; he survived only 6 hours. A second had five or more ribs fractured on the right side, with fractures also of the sternum, clavicle, and scapula; emphysema occurred; he survived only 40 hours. A third man had suffered fractures of the sixth, seventh, and eighth ribs near their angles (on left side); pleurisy followed the injury; he had also rupture of the bladder and extravasation, and peritonitis followed the abdominal injury; he survived 5 days $8\frac{1}{2}$ hours. The symptoms of bladder injury were retention and tenderness in the hypogastric region. The bladder was emptied by catheterism, but the quantities of urine were small; the first only contained blood and coagula. Treatment consisted of calomel, opium, and

antimony. He was 54 years of age. The fourth death was rather from sloughing of wounds in groin and leg. The man had had more than one rib broken, and had besides sustained a severe contusion of the right hip and groin, and a lacerated and contused wound across the left shin. The contusion on the groin and the lacerated wound across the shin became more or less extensively sloughy, and he sank on the 21st day from exhaustion. He was 42 years of age. No post-mortem was allowed.

Vertebræ, 1 D.

The lumbar region was the seat of injury. On admission he had symptoms of concussion of the spine, but not of any lesion of the spinal cord. He died rather from extensive cellular inflammation and sloughing in the left iliac region, over the left hip, and in lumbo-sacral region. He survived the accident 73 days. He had not any paralysis. The second lumbar was the vertebra injured. Cellular inflammation commenced on 35th day after admission. Treatment, aperients; cupping on 3rd day to 3xij from loins, and on 10th day to 3x from same region; nourishment and stimulants.

Pelvis, 4 C.

One boy, æt. 14, was also the subject of dislocation of the sternal end of the right clavicle forwards.

Femur 23; C. 21, D. 2.

Of the 23 cases, 8 were under 7 years of age, 3 were over 50 years of age, and the rest were between 7 and 50 years of age. Of those males between 7 and 50 years, one had sustained fractures of legs or arms 14 times before; another had both thigh-bones broken, and one in two places; another had much contusion, consecutive suppuration, and bagging of pus; convalescence was tedious—265 days. One old man, æt. 77 years, suffered much constitutional disturbance and delirium. Of the females who died, one was 56 years of age; the femur was fractured in the middle third; the same leg was very bent at the knee; the limb was placed for treatment on a double inclined plane; the leg below the knee became œdematous, and ulcerated extensively; she complained of great pain at the knee; she suffered very much; the leg was amputated above the knee. No sloughing occurred in the stump, but bed-sores formed; the bed-sores partly healed, as also did the stump, but she sank, and died on the 31st day after the amputation, and 96th day after the accident. The other woman was 55 years of age; the fracture had taken place some few days before her admission, and she had been admitted first on the medical side. On admission to the surgical side she was found to have a large abscess at the seat of fracture. She only lived 3 days under surgical treatment, that is, after the abscess was opened. She had been on the medical side 8 days, and stated she had been ill 1 month. She was treated on the medical side for "inflammation of cellular tissue of the thigh, &c." She was much emaciated.

Femur at cervix 7; C. 6, D. 1.

Of the 7 cases, the youngest was 48, the eldest 85, years of age. The female who died was 85 years old, and survived 31 days.

Patella 3; C. 2, R. 1.

In 1 instance the patella had been fractured 8 years and 6 months before, and the union was ligamentous. On the second occasion the fracture was supposed to be double. In another case the patella was comminuted. In 1 old man, æt. 65, the fracture had taken place from muscular action.

Tibia and fibula 28, C.

One man was also subject of fractured ribs (2). Another was attacked by erysipelas in hospital, and he was also subject of severe contusion of sacrum. In 3 cases the bones were comminuted. One was a refracture—the man had only left hospital 1 month. In another instance the fracture had occurred at the seat of necrotic disease.

Tibia 14, C.

In one instance the fracture was longitudinal in character, at lower end of tibia.

Fibula 17; C. 16, D. 1.

One man had also a scalp wound. Another had also a lacerated wound of the leg.

Pott's fracture 4, C. Phalanges 1, C.

Several bones at once 1, D.

Fractures of the right ilium, both thigh-bones, and the transverse process of the 1st and 2nd lumbar vertebræ. The spinal cord was not injured. He died 1½ hour after admission.

Compound fractures.—Cranial bones 6; C. 3, D. 3.

Of the cures, in each case the frontal bone was the seat of injury, and in each case bone was depressed, in 2 the external table over the frontal sinuses, and in the 3rd case the entire thickness of the bone. In the third case, also, there was wound of the dura mater, and the lad had sustained a compound fracture of tibia and fibula. Their ages were 10, 14, and 17 respectively. Each case did well. See special table.

Of the deaths, in 2 instances the frontal bone was the seat of fracture, and in the third case the parietal bone was the one fractured. In the second and third cases the brain had been lacerated fatally, but in the first the man, æt. 54, had sustained fractures of ribs on left side in addition to the severe and extensive scalp wound connected with fracture of frontal bone. See special table (Compound Fractures).

Humerus into elbow-joint 2, C.

In both cases the fracture extended into the elbow-joint, the brachial artery had been torn across, and there was much laceration of soft parts. Both boys, æt. 15. Both made good recovery. In both cases amputation was performed through the upper arm. See special table (Compound Fractures).

Carpus and metacarpus 3, C.

In each case amputation was performed through forearm. Each made good recovery. See special table (Compound Fractures).

Phalanges 2, C.

In both cases the phalanges were amputated at metacarpo-phalangeal joint, and both did well. See special table (Compound Fractures).

Tibia and fibula 13; C. 9, D. 4.

Of the cures, in 8 out of the 9 the limb was preserved, but in the ninth amputation was performed on the 160th day. Average convalescence, 146 days. The earliest to recover was the female (63 days), though she had delirium tremens for 48 hours; the longest was the man who underwent amputation; he remained in hospital 212 days after operation. Two of the cases had delirium tremens. Comminu-

tion of bone had occurred in 4 out of the 8 cases. One lad, æt. 14, was also the subject of compound fracture of frontal bone and wound of dura mater.

Of the deaths, 1 underwent primary amputation, another secondary amputation on the 21st day; the former died of pyæmia on the 19th day, the latter on the 5th day, from operation. The second man was a very unfavorable subject, for he had vitiated his constitution by drinking—he was in the wine trade. The third case died on the 10th day, with traumatic fever and delirium; he was 75 years of age. The fourth case died at the end of the second day, with delirium tremens; he had been a great gin drinker. See special table (Compound Fractures).

Metatarsus 2, C.

In one case the injured parts were amputated by Chopart's method. In the other the wound was allowed to heal by granulation. The former healed in 115 days, the latter in 186 days.

Great toe 3, C.

In 2 instances the fractures were comminuted, and amputation was performed at the metatarso-phalangeal joint; but in the 3rd case the member was preserved, the fracture being compound only.

Dislocations (simple).—Humerus 2, C.

In one woman dislocation had occurred for the ninth time from muscular action. Æt. 48.

Clavicle $\left\{ \begin{array}{l} \text{acromial end 1, C.} \\ \text{sternal end 1, C.} \end{array} \right.$

The sternal end had been dislocated forwards. The lad was also subject of fractured pelvis.

Radius and ulna forwards 1, C.

The dislocation was accompanied by fracture of the internal condyle of the humerus, and much injury to soft parts.

Ulna inwards 1, C.

This dislocation was accompanied by fracture of the external condyle of the humerus.

Concussion of brain.—5, C.

The concussion did not, in any of the cases, give rise to more than temporary effects. The patients were quickly well again. One man had convulsive seizure on his admission (? epileptic), but he afterwards recovered without other symptoms.

Concussion of spine.—2, C.

The concussion did not, in either case, give rise to more than transient effects.

Injuries to abdominal viscera by compression.—3, D.

In each case intestine was ruptured; in 1 the duodenum, and in 2 others small intestine. In the case of rupture of duodenum the liver was also fissured. Extravasation of blood had occurred in last case. The case of ruptured duodenum and fissure of liver survived nearly 24 hours; he was 18 years of age. Of the other 2 cases, 1, æt. 27, survived 29 hours, and the second, æt. 38, survived 16 hours. The symptoms in each case were those of collapse. Treatment was for collapse chiefly.

Bite from adder.—2, C.

First subject, a young man, æt. 27; seat of injury, middle of index finger; had been bitten 5 hours before admission. Symptoms, pain and swelling up to axilla; faintness, nausea, vomiting. He had sucked the wound, and he was sick after doing so. In 12 hours he was recovered. Treatment, stimulants, ammonia, soap liniment, &c. Second subject, æt. 20; seat of injury, back of middle phalange of index finger. Duration, 4 hours. Symptoms, faintness and nausea, swelling of arm. Swelling subsided on fourth day. Treatment, restoratives, incision of wound, lubrication with Ol. Olivæ. Unhealthy sore followed. Lad had applied some of the reptile's fat.

Bite from dog.—1, C.*Burns.*—22; C. 6, R. 1, D. 15.

Of the cures, the burns had been caused in 2 instances by gunpowder, 1 by ignited brimstone, and 1 by fuses ignited in trousers' pocket; the rest were by fire.

Of the deaths, 7 were under $3\frac{1}{2}$ years of age; one female was 70 years of age, she survived 12 hours. One male child had erysipelas of chest and abdomen, but survived 10 days; one female, æt. 37, died exhausted on the 28th day; one female died of tetanus on the 12th day after accident, and third day after tetanus began; she had been burnt severely on upper and forearms by fire. Treatment by small doses of opium internally, and just before death by Ext. Bellad. locally.

Scalds.—11; C. 10, D. 1.

The female child who died was 2 years old.

Wounds of eye.—Cornea 4, C.

DISEASES OF BONES.

Caries.—Astragalus and scaphoid 3; C. 1, R. 2.*Necrosis.*—Frontal bone 1, C.

The frontal sinus was the seat of disease. Both walls were involved, but chiefly the anterior. Cause obscure.

Occipital 2, C.

Both children. One, æt. 4 years, an area of 2 inches necrosed, and was removed. Cause, scalp injury 11 months before. The other boy was three years of age. Only a small scale from the external table necrosed.

Lower maxillary 2; C. 1, R. 1.

Of the male cured, the sequestrum contained the last molar tooth. History was syphilitic. Had *not* been mercurialized.

Sternum 1, R.

No sequestrum removed. Subject also of sinus and ulcer on left hip, about trochanter major.

Ilium 2; C. 1, R. 1.

Of the male cured, bone removed from the posterior inferior spinous process of ilium, and also from a lumbar transverse process.

Femur 12; C. 1, R. 11.

Of the 12 cases, only 7 require any special observations. In 1 male relieved the seat of disease was at the lower end of the femur; there occurred a considerable collection of pus about it, and involved the joint, but the parts recovered and were in a quiescent state when the lad was discharged. One male relieved was at the same time subject to soft ankylosis of the knee-joint. In another the external lamella was alone implicated; there were long sinuses in the thigh on the outer side; the history pointed to the pre-existence of a large abscess. In one child relieved, æt. 4, the external condyle was the seat of disease, and contained a sequestrum; the sequestrum was removed by an exploratory incision; 2 months after operation St. Thomas's was closed, and the little patient was sent to Guy's Hospital. In 1 young man, æt. 28, relieved, the disease was behind and below the great trochanter; it had been preceded by an abscess 18 months before; during his residence in hospital the sinus burst open by phagedænic action; some fragments of bone were almost immediately afterwards extracted; deep sores formed, but they were partly healed when he went out from St. Thomas's to go to Margate. In one adult male, relieved, nearly the whole length of the shaft was diseased; it was at first accompanied by an enormous collection of pus, much swelling, and œdema; soon after admission the collection was tapped. Bone was first removed 6 months after admission; he was still under treatment when St. Thomas's was closed; he was removed to Guy's. In another adult, discharged relieved, the stump of the femur was the seat of necrosis; the limb had been amputated, several months before, for extensive disease of tibia involving the knee-joint; fragments were excised, but his health did not improve much, owing, probably, to disease of the kidneys. He was sent to Guy's when St. Thomas's was closed.

Tibia 23; C. 4, R. 18, D. 1.

Of the 23, only 8 require special notice. The male, æt. 24, was cured by amputation of his leg, the disease of tibia was extensive, and involved the knee-joint. The female cured had undergone Syme's operation some time before; the end of the tibia was the seat of slight necrosis.

Of the males relieved, one was the subject of acute necrosis, accompanied by cellular inflammation and much constitutional disturbance; bone was removed 2 months after admission. Another had undergone primary amputation of the leg in 1854 (8 years before), "before Sebastopol;" the stump of tibia was still subject of necrotic disease. A third had had several fragments removed, but bone was still diseased; he had been in hospital nearly 2 years (22 months). A fourth man had been in 15 months, and had been attacked by erysipelas.

Fibula 2; C. 1, R. 1.

Seat of disease, malleolar extremity.

Astragalus 3; C. 1, R. 2.

Male cured by amputation above ankle-joint. Disease implicated the ankle-joint. The man requested to have amputation performed. Æt. 23.

Caleis 4; C. 1, R. 3.

The female cured of necrosis of os calcis was a child, æt. 7. There were large sequestra.

Humerus 2, C.

In 1 case, youth, a scale of the outer lamella, under cover of the deltoid, came

away; it was from the upper and outer part of the upper fourth of the shaft. Cause, a sprain 6 months before. In the other case the cause had been a fracture 12 months before; sequestra were removed; erysipelas attacked the wound.

Ulna 1, R. Radius 1, C.

Metatarsal or metacarpal bones 3; C. 1, R. 2.

In male cured the metacarpal bone of the index finger was the seat of disease; amputation was performed at the carpo-metacarpal joint. One man had already lost his foot from disease of tarsal bones.

Phalanges 6; C. 5, R. 1.

The three males were cured by amputation at metacarpo-phalangeal joints; the two females by amputation between or through phalanges.

Ostitis.—Tarsal bones 3; R. 2, D. 1.

The female died from extensive tuberculous of the lungs, 19 days after admission.

Periostitis.—Lower maxillary 1, R.

Seat, at junction of horizontal with vertical ramus on right side; local enlargement. Treatment, exploratory operation and trephining. No sequestrum discovered; bone much thickened. Afterwards was treated by mercurials for 10 days; went out still under treatment.

Humerus 1, R.

Femur 3; C. 1, R. 2.

One of the females relieved was the subject of acute periostitis; suppuration followed; incision was made; no necrosis at time of discharge; æt. 15; had been ill 3 weeks before seen by surgeon.

Tibia 4; C. 2, R. 2. Fibula (malleolar extremity) 2, R.

Exostosis.—Femur 1, C.

Seat, at outer condyloid ridge; size, about that of a walnut; cured by excision; æt. 18; noticed 3 months.

Fibula 2, C.

Male cured was a youth æt. 16; exostosis at malleolar extremity of bone on outer side, right leg; cured by excision. Base was broad, periosteum was thick over it; size, about half a walnut; noticed 6 months. In the female the growth was from the outer and back part of the upper third of the shaft; cured by excision; size, about a walnut; noticed 4 years; æt. 18. Cellular inflammation about wound after operation.

Lumbar abscess.—7; R. 4, D. 3.

One male relieved went out before the abscess had been opened.

One male died from tuberculous, involving lungs and supra-renal capsules, and with fatty liver. Another from caries of vertebræ, secondary disorganization of the hip-joint, and fatty liver. The female died from tuberculosis of lungs, &c.

Psoas abscess.—3; R. 2, D. 1.

In the male, who died from psoas abscess, abscesses existed on *both* sides; there was

caries of lumbar vertebrae, and the left hip-joint was secondarily disorganized. He had been a sailor; æt. 20.

Spinal curvature.—Angular 5, R.

DISEASES OF JOINTS.

Synovitis (acute).—Elbow 1, C.

Knee 11; C. 10, R. 1.

In one female, æt. 19, the exciting cause had been injury by puncture by a pin; suppuration took place; incision was made; pus flowed for a week, and afterwards pus and synovia?; discharged cured 11 days after incision.

Ankle 1, C.

Synovitis (chronic).—Shoulder 4; C. 1, R. 3. Elbow 1, C. Hip 2, C. Knee 7; C. 3, R. 4.

Disease of more than synovial membrane.—Elbow 5; C. 2, R. 3.

In one male relieved the disease existed at the seat of excision of joint, 12 months before.

One male was cured by excision of the joint, which had been diseased 6 months, and had become disorganized; æt. 17.

Wrist 3; C. 1, R. 2.

In one man relieved the disease had been assigned to an injury inflicted 7 weeks before; it ran an acute course (*vide* special table); patient went out under treatment on closure of old hospital.

Campo-metacarpal joint of thumb 1, R.

Hip 31; C. 4, R. 24, D. 3.

The ages ranged from 2½ years up to 33. Of the cures, males, one, æt. 8, was cured by operative interference; the head of the femur was exposed by exploratory incision and was excised.

One male relieved was ascertained to be the subject of albuminuria; and oxalate of lime was found in the urine. Excision was only once performed during the year, and on the above case.

Of the deaths, one boy, æt. 11, died from general tuberculosis; a small sequestrum had been removed from the neck of the femur, but disease was in progress at time of his death; he had erysipelas of the right arm when in hospital; no albuminuria; no post-mortem was permitted. Another, æt. 14, died with extensive tubercular disease of the lungs, as well of the hip-joint. Another, æt. 26, in addition to very extensive disorganization of the joint and collection of pus in the right side of the pelvis, had several large bed-sores; the liver was very large and fatty; the femoral vein in the region of the joint was blocked with laminated clot, adherent; the limb below had been œdematous.

Knee 20; C. 3, R. 13, D. 4.

Male cured by excision of joint, which had become disorganized from invasion by

large sequestrum of the internal condyle of femur; suppuration was going on in joint; æt. 5; ill 15 weeks; not well when St. Thomas's was closed. One female was cured by excision, and the other by amputation. The first case was a child, æt. 6½; soft structures of joint had been diseased two years; under treatment when St. Thomas's was closed; 294 days convalescent there. The second case æt. 45; subarticular caries and disease of synovial membrane; health suffering much. See special table.

Of the females relieved, four were strongly marked cases of struma; two of the four were the subjects of spinal curvature, and one of disease of lumbar vertebræ; in each instance other bones were affected; one had had hip disease on the opposite side, a second had disease of the femur near the affected knee-joint, and in the third the opposite knee-joint was slightly affected, a metacarpal bone was diseased, and a strumous abscess existed in the upper arm at the same time; in the first of the two cases soft ankylosis was procured. The fourth case was also subject to disease of kidneys.

Male deaths, one man from pyæmia after amputation through thigh above diseased joint. Particulars:—Æt. 43; duration of joint affection 5½ years. Nature of disease, disease of synovial membrane, erosion of cartilages, expansion of bone, edges cropping over and marked by cartilaginous deposition. Symptoms, first of chronic synovitis and hydrops articuli; last of doubtful nature. Joint measured 17 inches round. Treatment, first for chronic synovitis; the joint was tapped, and afterwards injected with solution of iodine; last by amputation. Pyæmic symptoms appeared on 19th day after amputation; he died 11 days after, or 30th day from amputation. After first symptom of pyæmia he was treated for 7 days with Magues. Sulphit. ʒss every fourth hour; on 8th day quinine was given in 2-grain doses every 4 hours, he took it for one day only; and on three following days was treated with Magnes. Sulph. as before. The other male death occurred from cerebral affection; the joint disease was subsiding, when he was attacked with apoplectic symptoms, and died in 4 days; æt. 34. One female death occurred from phthisis one month after admission, child, æt. 3; the inner condyle of the femur was the seat of tubercular disease, and there was abscess on outer side connected with joint affection. The other female death was in child, æt. 4; in addition to joint disease a large sloughy sore formed over patella, and she sank rapidly.

Ankle 2, R.

Ankylosis.—Knee (hard) 3; C. 2, D. 1.

One male cured was a lad who had had knee-joint excised some months previously for disorganization; knee had bent a little; extension was made by splint for some time, and case sent out cured. The other male was cured by amputation through thigh above knee; hard ankylosis had occurred at a great angle, and much deformity had followed disorganization of joint and necrosis of tibia and femur.

The male death was after excision of the joint; ankylosis had followed traumatic inflammation in the joint years ago. After excision abscess formed in the popliteal space, and clot in the popliteal artery; gangrene of the limb ensued, and was accompanied by pneumonia on right side; he sank rapidly.

Knee (soft) 3; R. 2, N. R. 1.

Hysterical affection of joints.—Hip 1, R.

Diseases of bursæ.—Acute 7, C.

The patellar bursa was the one affected in each instance.

Chronic 2; C. 1. R. 1.

DISEASES OF CIRCULATORY ORGANS.

Aneurism.—Arteria innominata 1, R. See table.

Aneurism by anastomosis.—Vessels of upper arm 1, R.

Æt. 29; occupation, actor; noticed 1 year; vessels, both veins and arteries, chiefly the latter, seemed affected, uniformly dilated, so that the right arm measured $2\frac{1}{4}$ inches more than the left; superficial veins not enlarged; biceps and brachialis anticus muscles felt as if converted into soft, compressible masses; forearm not affected. Treatment, compression by tourniquet and bandaging arm, ice, galvanism, Tinct. Acouiti. No benefit.

Nævus.—4; C. 1, R. 3.

In 3 out of the 4 cases the nævi were seated on face or head, and in the fourth on the loin. Each case was treated by injection of the perchloride of iron. Ages, 4 months, 6 weeks, 10 months, and 12 months.

Varix.—5; C. 1, R. 4.

Male cured was treated by issue over saph. major vein, at two points. One male relieved was treated in a similar manner, and another by deligation of vein by means of needles and silk.

Varicocele.—2, R.

No operative measure for radical cure resorted to.

Hæmorrhagic diathesis.—1, R.

Hæmorrhage from gums; had recurred 4 times; cause obscure; æt. 45. Treatment, by Tinct. Ferri Sesquichlor.

DISEASES OF GLANDULAR SYSTEM.

Breast.—Abscess 1, C.

Neuralgia 1, R.

Induration, accompanied by neuralgic pain; æt. 40; had similar affection in opposite half of same breast. Swelling and pain relieved by tonic treatment generally.

Lymphatics.—Scrofulous 7; C. 1, R. 6.

Male cured, seat of disease, axillary gland behind pectoral muscles (anterior border of axilla), dependent and pyriform; excised; bled freely. In one female relieved an axillary gland behind anterior border of axilla, near mamma; it formed a large mass, and a sinus led into it; æt. 17; duration of disease, $2\frac{1}{2}$ years. After

general treatment for 11 weeks the gland was excised; there was smart hæmorrhage well in 39 days. In one male relieved the cervical glands were very extensively affected; he went to another hospital (Guy's) when St. Thomas's was closed.

Inflammation (simple), acute 5, C.

DISEASES OF ALIMENTARY CANAL.

Mouth.—Ulcers on tongue 2, C. Ulcers on soft palate 3; C. 1, R. 2.

Œsophagus.—Stricture 4; C. 1, R. 3.

In each case the stricture was supposed to be spasmodic. All above 50 years of age.

Intestines (hernia).—Umbilical 3; C. 1, R. 1, D. 1.

Female cured by operation; æt. 43; stout woman. Symptoms, strangulation 3 days; sac not opened; neck of sac divided; convalescent on 74th day.

Female relieved by baudage and pad; no strangulation.

Female death from rupture of intestine; enormously stout woman, 18½ stone; æt. 53; strangulation 24 hours; resisted operation for 24 hours more; integuments adherent and gangrenous; intestine burst during operation. Died on day following.

Inguinal (not strangulated) 9; C. 8, R. 1.

Hernia reduced in each case by taxis; rupture had been down at longest 6 hours before admission. Five of the cases were children, 2 were adult males, 1 an old man of 73, and the female was adult. In the old man's case the hernia was only partly reducible; he had been ruptured 30 years.

Inguinal (strangulated) 7; C. 5, D. 2.

Of the males cured, ages 23, 27, 37, 39, 46 years; longest period of strangulation 22 hours, and shortest 12 hours; sac opened in 4 out of the 5 cases; omentum only in the sac in one case.

Of the deaths, ages 49 and 59, period of strangulation in former 16 hours, in latter the symptoms had varied in character over 14 days, hernia alternately urgent and reduced, at last very urgent. Small intestine was in sac in former case, but cæcum in latter. Each died of peritonitis, the first 4½ days after operation, the latter 6 days after.

Femoral (strangulated) 8; C. 5, D. 3.

Of the male cured, æt. 72, symptoms 6 days; sac opened; omentum in sac adherent; stricture at Gimbernat's ligament. Of the females cured, ages 69, 49, 40, 22; symptoms 15 hours, 60 hours, 21 hours, 14 hours, respectively. Sac not opened in first two and last cases, opened in third case; omentum only found in sac of third case. In each instance stricture at Gimbernat's ligament.

Of the male death, æt. 63, symptoms 40 hours; sac opened; intestine adherent to sac; stricture at Gimbernat's ligament. Of the female deaths, ages 61 and 68, symptoms 3 days and 65 hours; sac opened; very dark intestine and omentum in first case, intestine only in second; Gimbernat's ligament seat of stricture. The

second case died from disease of the circulatory organs, and not from hernial mischief.

Internal strangulation 1, D.

Died from strangulation of colon by descent of small intestines into a serotal hernia. Symptoms of internal strangulation, collapse, vomiting. Unconscious on admission. Symptoms could only have lasted a few hours. He died about 16 hours after admission.

Rectum.—Abscess 2, C.

Fistula 10, C.

All cured by division of the sphincter ani and laying the sinus open into rectum. One case was complicated by sinuses opening into the perinæum, and another by urinary fistulæ.

Ulcers 1, R.

Fissures 3; C. 2, R. 1.

The cures effected by division of the sphincter.

DISEASES OF ORGANS OF SENSE.

Eye.—Ophthalmia (chronic) 9; C. 4, R. 5. Strumous 3; C. 1, R. 2.

Cornea.—Wounds 4, C.

In each instance the cornea had been penetrated, the iris prolapsed, and deformed pupil, with impaired vision, resulted. In one there was much blood in the anterior chamber and the sight was very much impaired, and in another case the lens was injured. The latter case was under treatment when the hospital was closed.

Corneitis 1, C. Opacities 7, R. Ulcers 10; C. 2, R. 8.

Iris.—Iritis (non-syphilitic) 2; C. 1, R. 1. Chronic 1, R.

Lens.—Cataract 23; C. 4, R. 18, D. 1.

Of the 4 females cured, 3 were cured by extraction by upper section, one æt. 33, the others 53 and 68 respectively. The fourth case was that of a child æt. 5½ years. The cataracts were congenital, and the cure was by dissection.

Amongst the 15 males relieved were 4 cases of extraction; in each of the 4 union failed to remain good, and disorganization of the eye followed. The remaining 10 cases were relieved by the operation of dissection, and the 11th case went out without operation. In 1 instance the cataract had traumatic origin. One man was also subject of psoriasis of face and head. Of the females relieved, 2 were subjected to dissection; the third case went out without operation.

The male death occurred suddenly from some fit unconnected with the treatment of the cataract. He was being treated by dissection. At the post-mortem examination no organic disease was discovered beyond slight changes in the kidneys. The man was found dead.

Choroiditis and retinitis.—Chronic 1, C.

Suppuration in globe.—1, C.

Sight had been lost, in both eyes, 17 months previously, from injuries caused by explosion of gunpowder. Only ill 1 week before admission. Treatment, by incision into globe, &c.

Disorganization from old disease.—2, C.

In both cases the anterior half of the globe was abscised. In the case of the female a quantity of treacly blood escaped on the abscission. Had received a blow 14 days before.

Synechia and closed pupil.—1, R.*Entropium.*—1, R.

Relief by operation. Slips of integument were excised from upper and lower lids of both eyes; the lids, with their tarsal cartilages, were slit up, and the margins were everted and stitched up to eyebrows. Cause of entropium, ophthalmia and granular lids. Subject Irish.

Strabismus.—2, C.

The strabisms were convergent. The internal recti were divided.

Disease of lachrymal sac.—1, C.*Contraction of puncta.*—1, R.*Nose.*—Ulceration in nostrils 2, R.*Polypus* 2, R.

In one, male, the polypus was large and of malignant character. No operation attempted. Noticed 4 months.

DISEASES OF GENITO-URINARY ORGANS.

Calculus.—Vesical 8; C. 5, R. 1, D. 2.

Of the males, each was cured by lithotomy, lateral operation. Ages, $3\frac{1}{2}$, 6, 10, 10, and 59. The first 3 and the last were cases of lithic acid or lithate of ammonia calculi, and the fourth case, or second boy of 10 years of age, was the subject of mulberry calculus. They had suffered 18 months, nearly 3 years, 8 years, 7 years, and 3 years respectively. The first was well enough to be discharged on 76th day after operation, the second on the 46th, third on 42nd, fourth on 80th, and fifth on 27th day. The boy æt. $3\frac{1}{2}$ had 2 stones in his bladder, and the boy æt. 6 had had a stone extracted 3 years before.

The male relieved only had symptoms of stone.

Of the male deaths, each had undergone lithotomy. Ages, $9\frac{1}{2}$ and 59 years. The former had suffered 4 years, and the latter 15 years. Two stones of lithic acid or lithate of ammonia had been extracted from the first, and one from the second case. The first case died on the second day, after convulsions; he was the subject of kidney disease and catarrh of the bladder. The second case died on the sixth day. At the post-mortem there was found extravasation of blood and urine into the subperitoneal tissues about the base of the bladder; he had had free secondary hæmorrhage on the fourth and fifth days.

Cystitis (chronic) 6, R.

Kidney 3; R. 2, D. 1.

One male relieved had rather obscure symptoms; he had been cut for stone 5 years before.

The man who died was the subject also of perineal fistula, for which he had been admitted, but he sank and died from disorganization of left kidney, which contained two calculi of coral form. *Æt.* 41. Ill 6 years. Perineal abscess had formed 4 months before admission.

Urethra.—Stricture (chronic) 19; C. 7, R. 12.

Sudden complete retention 5, C.

All cured without operative interference. Remedies, opium, warm bath, and catheter.

Rupture (from injury) 2; C. 1, D. 1.

The male cured had sustained severe contusion of the perinæum; retention was caused by the contusion. Catheterism relieved the retention. The patient returned in 1863 with stricture.

The man who died had sustained severe contusion and abrasion of perinæum and scrotum 12 hours before admission. Catheter could not be got along urethra. Perineal section was performed. Catheter afterwards passed along urethra into bladder. On 13th day swelling in right leg, pains in joints; 16th day, rigors. Died on 18th day. Sulphite of magnesia was administered on day before death. No change was observed.

Strietural 2; C. 1, D. 1.

In the male cured, the extravasation had not extended farther than scrotum. The perinæum and scrotum were incised freely. Perineal and scrotal urinary fistulæ resulted. Subject of chronic stricture.

The male who died was the subject of recent retentive stricture from gleet. Extravasation had reached pubes; perinæum, scrotum, and penis were incised; urethra involved in slough. Died on ninth day after admission. Exhaustion and diarrhœa. Not examined. *Æt.* 30. Sailor.

Urinary abscess 1, C.

Fistula 8; C. 2, R. 6.

Of the males cured, one was a child, *æt.* 7. The opening had formed a short distance from the meatus towards the pubes. Cause, ligature and ulceration 6 months before. Edges were pared, and opening elosed. Also what remained of prepuce was cut away neatly. The other male was an adult. The opening was in the perinæum. Cured by catheterism. Fistula had only formed a few days before admission, after abscess.

Testes.—Orchitis (traumatic) 4, C. Chronic 1, R.

Strumous 1, C.

Cure by castration. First treatment of sinuses in the diseased testicle by actual cautery, but without benefit.

Hydrocele 6; C. 4, R. 2.

The 4 cures effected by tapping, and injection with port wine or Tr. Iodinii.

One male relieved at first by tapping; grumous fluid escaped; free incision into sac; suppuration; testicle implicated; suppuration and sinus into testicle. Not quite well when discharged. Had been admitted for scalp wound.

Prostate.—Abscess 1, C.

Phimosis.—2, C.

Vascular growth at orifice of urethra.—1, C.

Warts on and around glans penis.—1, C.

Ovarian dropsy.—1, D.

Left ovary chiefly affected. Right also contained small cyst. Æt. 26. Was too feeble to undergo ovariectomy, for which she had been transferred from a medical to a surgical ward. A little peritonitis was discovered at the post-mortem examination.

VENEREAL DISEASES.

Gonorrhœa.—Without complication 23; C. 12, R. 11. With bubo 7; C. 6, R. 1.

With excoriation 5, C. With phimosis 3; C. 2, Dis. 1. With paraphimosis 2, C. With orchitis 5; C. 4, R. 1. With abscess in labium 5, C. With warts 18; C. 4, R. 13, Dis. 1.

Balanitis.—1, C.

Warts.—With discharge 8; C. 5, R. 3. Without discharge 1, R.

Chancres (indurated).—Without complication 5, R.

With adenopathy 11; C. 7, R. 3, Dis. 1.

One male was also subject of onychia (great toe). One female, relieved, was at same time pregnant; she was treated with iodide of potassium and calomel. She was sent home when the time for her delivery came. One male, cured, was also subject of pneumonia; he was treated with calomel and opium, and afterwards with Pot. Iod.

With suppurating glands 4; C. 3, R. 1. With phagedæna 1, R.

With secondaries 3; C. 2, R. 1.

One male was subject at same time of phagedænic ulceration in groin; the secondary symptoms consisted of psoriasis and pains; his health was at one time much reduced, but ultimately he made a good recovery. The other male had psoriasis guttata and pains. The female relieved also had psoriasis guttata and pains.

Chancres (not indurated).—Without complication 2, R. With adenopathy 1, C.

With suppurating glands 9; C. 8, Dis. 1.

With phimosis or paraphimosis 9; C. 7, R. 2.

In one male relieved the chancre was ulcerating around orifice of prepuce; mercurialised without benefit; not well when discharged.

80 DISEASES OF TEGUMENTARY AND AREOLAR STRUCTURES.

With phagedæna 3; C. 1, R. 1, D. 1.

Of female death, æt. 21, spirit drinker, disease on pubes; spread rapidly; at time of admission ulcer about 3 inches in diameter; at time of death very large and deep, exposing abdominal muscles; sickness constant and obstinate; sank on 23rd day. At post-mortem body found anæmic and liver fatty.

Bubo only.—6; C. 4, R. 2.

Constitutional syphilis (integument).—Ulcers 14; C. 6, R. 8.

In both females cured the ulceration was phagedænic. Both treated successfully with nitric acid locally.

Squamæ 5; C. 2, R. 3.

Each had psoriasis guttata. The female cured had also fissured anus. The male cured was also subject of mucous tubercles and inflammatory œdema of the scrotum and penis.

Papulæ (lichen) 1, R.

Pustulæ 1, C.

Pustular eruption, acne. Had had iritis and pains.

Mucous tubercles 10; C. 4, R. 6.

Integument with eye 4; C. 2, R. 2.

Three out of the 4 cases had lichen as well as iritis. A fourth had psoriasis guttata. The female cured had ophthalmia, and the cornea sloughed.

Integument with throat 4; C. 2, R. 2.

Of the 4 cases of integument with throat each had psoriasis guttata.

Integument with bones (periosteum) 10; C. 6, R. 4.

Of the 10 cases, 7 had psoriasis guttata, and the 3 others ulceratious; all had pains. The ulcerations were of the face or scalp. One male cured had jaundice whilst in hospital. One female cured had also mucous tubercles. One male relieved was also subject of fissures of rectum and stricture of urethra.

Integument with testes 2, R. Eye only 1, R. Testes 1, R.

Bone only 4, C.

One male cured had also albuminuria; the albuminuria had diminished before discharge from hospital. Treatment, small doses of calomel, from gr. $\frac{1}{4}$ to gr. j, and Potassii Iodidum. Another male cured had crsipelas in hospital.

Bone and throat 1, R.

DISEASES OF TEGUMENTARY AND AREOLAR STRUCTURES.

Cellular inflammation.—20; C. 17, D. 3.

One male cured had gangrene of toes connected with the cellular inflammation. One female cured was subject of cellular inflammation of foot and toes, very like frost-bite

in character. In one man cellular inflammation attacked the leg whilst patient was under treatment for thecal abscess.

One male died, 2 days after admission, from extension of inflammation from thecal abscess, involving left hand, fore and upper arms to axilla; also he had inflammation of absorbents in left thigh. On examination after death, clots, laminated and adherent, were found in veins of left arm and in left popliteal vein; there were some small purulent deposits in lower lobes of lungs; æt. 50. The second male death occurred from very extensive cellular inflammation of the leg, exhaustion and profuse suppuration; had been ill 1 month; cause not traumatic; organs free from disease; æt. 42. Of the female death, the cellular inflammation was followed by sloughing over clavicle and on to chest; was in bad health, and the subject of psoriasis; æt. 61; not examined.

Inflammatory œdema.—5; C. 4, R. 1.

One male cured was a child, æt. 5. The upper arm (right) from elbow to shoulder and the posterior border of the axilla were affected; serous effusion into cellular tissue of integument and superficial fascia, resembling inflammatory œdema. Arm measured 13 inches round, red, tense, and shining; tension was relieved by puncture; no suppuration occurred; had been ill 10 days. Cause (query), lymphatic obstruction. Treatment, by puncture locally and stimulants internally. Went out cured.

Erysipelas.—3, C.

Phlegmonous 2; C. 1, D. 1.

The man who died had very extensive erysipelatous phlegmasia of right leg; survived admission 1 week; æt. 62; had been ill 1 week; subject of aortic valvular disease.

Carbuncle.—6, C.

Abscess (not deep-seated).—45; C. 41, R. 4.

One female cured contracted erysipelas whilst in hospital.

One male relieved was the subject of a large abscess on outer side of lower half of thigh (right); circumference of limb 17 inches. Treatment, by incision. Contents, 1½ pint of sero-purulent fluid; free suppuration followed, and closure of wound.

Abscess (deep-seated).—16; C. 13, R. 3.

Of the males cured, in 2 instances the abscesses were palmar. In one of the two sloughing took place, and profuse hæmorrhage from radial artery at cleft between thumb and forefinger; hæmorrhage recurred, and patient became blanched and exhausted; hand was amputated above wrist-joint on second day after admission. This same man was also subject of necrosis of ulna in upper half on opposite or right arm. In 4 instances the abscesses were thecal. In one of the 4 the middle finger was subsequently amputated at metacarpo-phalangeal joint. The man had also diffuse cellular inflammation of left leg during his stay in hospital, and nearly died from it.

Of the females relieved one was the subject of pectoral abscess, and the other had strumous abscess in hip, near joint.

Ulcer.—12, C.

In one male cured the ulcers were at the seat of suppuration along posterior tibial and peroneal tendons after Chopart's amputation of part of the foot, and in another

there were sores and sinuses at seat of Syme's operation at the ankle-joint. The operation had been performed 18 months before.

Strumous 8; R. 7, D. 1.

Varicose 19; C. 5, R. 14.

In one male the veins in both legs were very varicose and large; the saphena major vein on each side had been obliterated at corresponding spots 3 years before; little benefit had followed, and but very little had ultimately remained; during his stay absorbent inflammation in the leg. In one male cured the vein (saphena major) of the leg affected had been obliterated by ligature 3 years before with much benefit. Another male contracted erysipelas during his residence in hospital.

Doubtful character 14; C. 7, R. 5, Dis. 2.

In one male relieved the ulcers were obstinate; they were primarily caused by explosion of gunpowder (at the siege of Lucknow); they were seated in middle of a cicatrix over knee. In another case the ulcer was excavated; it was seated on the outer side of the middle third of the thigh; there were large veins in its neighbourhood; hæmorrhage had occurred from it 3 days before admission. In one female relieved the ulcers were numerous, and some large; their edges were indurated; they had existed 3 years; the woman was only 38 years of age; the opposite leg had been amputated for extensive ulcerations, 3 years before, in Guy's Hospital.

Debility 51; C. 22, R. 28, D. 1.

In one man cured the ulcers remained after sloughing over the ischial tuberosities in a paraplegic patient; the paraplegia had been caused by accident to spine. Another had inflammation along the absorbents of the limb; abscesses formed, were incised, and cured. One female cured contracted erysipelas in hospital. Another had menstrual ulcers.

The female died from dropsy; the ulcers about the neck and shoulders; æt. 38; no post-mortem examination.

Indirectly syphilitic 10; C. 4, R. 6.

MORBID GROWTHS AND TUMOURS.

Fatty.—10; C. 9, D. 1.

Of the cures, males and females, 8 were over 30 and under 60, and 1 was a child æt. 7. In 3 cases the tumours were seated on the shoulder; in 2 at the back of the neck; 1 on the side of the thorax; 1 in the loin; 1 at the fold of the nates; 1 at the lower anterior part of the thigh. In 1 of the 3 shoulder cases the tumour was seated over the infra-spinatus fossa of the scapula, and was a little overlapped by the deltoid. The case in which the tumour was seated on the front of the thigh was that of the child æt. 7; it sprang deeply from beneath vastus and erureus muscles.

The case of the male who died was somewhat peculiar. The tumour occupied the position of a femoral hernia in the saphenous opening; it was omental in character; it was covered by sac, which appeared to be peritoneal on dissection. It was tied by double ligature; ligatures came away at the end of a month. Some time afterwards, when the wound had partly healed, adhesions gave way, wound burst open and ulcerated; it, however, healed in time by granulation. He had suffered very much in health. Jaundice attacked him, and he died jaundiced. At the post-mortem

examination "no changes to account for death" were discovered; there were no secondary deposits, &c. The man's age was 58 years.

Chronic mammary.—1, R.

Small, at edge of left breast; noticed 6 years; no operation.

Fibrous.—3; C. 2, R. 1.

Two were cases of epulis, 1 male cured and 1 female relieved. The growths were removed partly by écraseur, ligature, and knife. In the third case, the other male cured, the tumour was seated over the sternum; the growth had been excised in the out-patient room. The man was admitted for foul wound.

Doubtful.—1, C.

Tumour at lower articular end of femur, chiefly implicating the internal condyle, and accompanied by disease and disorganization of the knee-joint. The ligaments were destroyed, the cartilage over patella was eroded, and detached from over the condyles of the femur; the cartilage on the tibia was not diseased. The articular end of femur was increased in dimensions by the development of a partly bony, partly gelatinous growth; the gelatinous structure extended upwards through the lower third of the shaft of femur. The growth in many places was very vascular; under the microscope, cells with granular contents were observed in great abundance. The disease had been noticed for 5 months, and a twist of the joint was the alleged cause. The limb was amputated at the end of the fifth month, after nearly 3 months' treatment. The joint measured $13\frac{1}{2}$ inches on admission, and more than 19 inches at the time of operation; her age 19 years. Convalescent in 30 days after operation.

Epithelial cancer.—6, R.

In 3 out of the 5 males relieved the lip was, or had been, the locality of the disease. In 1 of the 3 cases the disease was only in the lip, and the part was excised. In the 2 remaining the submaxillary glands were extensively diseased; in 1 of the 2 the disease was noticed to return 9 months after the operation at the lip, and in the other in less than 3 years. In the fourth case the ulceration was over the lachrymal sac (right). The subject was a chimney-sweep; a warty growth had been excised from same spot, or close to it, 23 years before; no operation was attempted. In the fifth case the cheek was the seat of disease; a warty growth had been noticed first 16 months before; no glands affected; æt. 80; no operation attempted. In the female relieved the clitoris was the centre of disease; disease noticed 6 months; glands in region affected; æt. 30; character of disease, scirrhus (?)

Scirrhus or carcinoma.—16; C. 3, R. 8, D. 5.

The 3 females cured were subjects of scirrhus in the breast, and each was cured by operation; ages, 33, 36, and 45 years; noticed 7 months, 18 months, and 6 years, respectively; not any glands implicated in axilla. See special Table.

Of the 8 cases relieved 1 was subject of scirrhus in breast; it was excised, and some glands in axilla, also affected. The disease was returning at time of her discharge; æt. 32; noticed 10 months. (See special Table.) Six were the subjects of scirrhus in breast, and 2 of cancer of the tongue. Two were cases of return of the disease in the breast. In a third breast case operation had been performed as above, and disease was returning at time of discharge. The 3 other breast cases were subjects of extension of disease into axillary lymphatics, and in other respects the disease was too extensive for operation. Of the breast cases, the youngest was 42,

and eldest 71 years of age. Of the cases of cancer of tongue, both were too extensively diseased for operation; ages 37 and 68.

Of the male deaths, in 1 case the cervical glands were the seat of disease; as the disease extended, apnoea suddenly occurred, and the man died; tracheotomy was performed, but without benefit. The lungs and liver were similarly invaded. In another, æt. 37, the testicle was the seat of disease; the liver and pancreas were invaded, and inferior cava became obstructed; jaundice occurred 3 weeks before death; disease in testis had been noticed 12 months; survived $13\frac{1}{2}$ months. The prostate was the seat of disease in the third case; subject æt. 54; the bladder and kidneys became involved; he lived about 10 months after he first noticed disease. In the remaining case the rectum was the seat of disease; the subject was 61 years of age; no post-mortem was permitted.

In the female who died the glands in the neck were the seat of disease; she was 51 years of age; no post-mortem permitted.

Encephaloid.—3; C. 1, R. 1, D. 1.

The male cured, æt. 5. Seat of disease, periosteum of parietal bone; growth was excised. Erysipelas attacked face and scalp during treatment. Disease, soon after departure from hospital, returned in wound and in internal organs.

The male relieved, æt. 42. Seat of disease, testicle; tumour growing rapidly, and becoming very large; duration 18 months. No operation attempted. Glandular implication suspected.

The male death, æt. 56. Seat of disease, lower articular end of femur; duration 13 months. Amputation performed through thigh; death 6 days after. Disease formed a large tumour on outer, inner, and back part of lower end of femur, but had not invaded the joint. The growth sprang from between shaft and epiphysis of femur. Was discovered to be also subject of mitral valvular disease, and disease (atheromatous) of arteries generally.

COMPOUND FRACTURES.

1. Compound fracture of frontal bone, left half; no operation; m.; æt. 10; C. in 50 d.

Slight depression over frontal sinus; insensible on admission; symptoms of concussion; convulsions; sensible on third day; did well.

2. Compound fracture of frontal bone, right half, with depression, puncture of dura mater, and compound fracture of tibia and fibula; fragment of depressed bone extracted $1\frac{1}{2}$ in. long by $\frac{1}{2}$ in. broad; m.; æt. 14; C. in 76 d.

3. Compound fracture of frontal bone, right half, through orbital plate and frontal sinus, severe and extensive contusion of scalp, and fractures of ribs on left side—drunk on admission; stimulants and sedatives, &c.; sawyer; æt. 54; D. in 10 d.; sloughing of scalp, extensive meningitis, disease of heart and kidneys.

Delirium of doubtful character came on before meningitis.

4. Compound fracture of frontal bone, depression; no operation; bricklayer; æt. 17; C. in 54 d.; necrosis of outer table.

Outer table of bone only depressed; no symptom.

5. Compound comminuted fracture of parietal and squamous portion of temporal bones on right side, laceration of brain, dura mater, and art. men. media, symptoms of compression; 3 fragments of depressed bone removed with assistance of trephining; baeon-salter; æt. 30; D. in 36 hrs.; inflammation of brain and its membranes, eoma.

Was relieved for a time by trephining and elevation.

6. Compound comminuted fracture of frontal bone, extending through orbital plate, chiefly right, laceration of anterior lobe of brain; comminuted portions of bone extracted—ice, leeches, calomel as purge; coachman; æt. 43; D. in 3 d. and 18 hrs.; inflammation of brain and its membranes.

7. Compound comminuted fracture of right humerus into elbow-joint, fracture of radius and ulna, laceration of brachial artery and soft parts; amputation through middle of upper arm; engineer; æt. 15; C. in 42 days.

8. Compound comminuted fracture of humerus into elbow-joint, laceration of brachial artery and soft parts; amputation through middle of upper arm; m.; æt. 15; C. in 46 d.

9. Compound fracture of carpus and metacarpus, and laceration of soft parts; amputation above wrist; m.; æt. 12; C. in 52 d.

10. Compound fracture of carpus and metacarpus, and laceration of soft parts; amputation through middle of forearm; porter; æt. 22; C. in 37 d.

11. Compound fracture of carpus and metacarpus, extensive laceration and contusion of forearm; amputation at junction of upper and middle thirds; railway guard; æt. 38; C. in 86 days; much suppuration.

12. Compound comminuted fracture of thumb and index; amputation at metacarpal joints; m.; æt. 16; C. in 26 d.

13. Compound comminuted fracture of middle finger; amputation at metacarpophalangeal joint; m.; æt. 12; C. in 66 d.; ophthalmia.

14. Compound fracture of tibia and fibula; at first conservative treatment, but amputation on 160th d.; excavator; æt. 63; C. in 372 d.; abscesses about seat of injury, implication of joint, necrosis.

The stump of femur became subject of slight necrosis.

15. Compound fracture of tibia and fibula; conservative treatment; f.; æt. 36; C. in 63 d. Delirium tremens for 2 d.—drunk at time of accident.

16. Compound fracture of tibia and fibula; conservative treatment; coachman; æt. 36; C. in 87 d.; sloughing and suppuration at seat of fracture, bleeding from wound.

17. Compound fracture of tibia and fibula, tibia protruding; conservative treatment, tibia reduced by leverage; engineer's labourer; æt. 47; C. in 90 d.

18. Compound comminuted fracture of tibia and fibula; conservative treatment; builder; æt. 44; C. in 131 d.; much swelling and suppuration.

19. Compound comminuted fracture of tibia and fibula; conservative treatment;

farm labourer; æt. 20; C. in 205 d.; wound of saphena vein, slough from wound, necrosis of comminuted portions.

20. Compound comminuted fracture of tibia and fibula; conservative treatment; letter carrier; æt. 34; C. in 129 d.; delirium tremens, suppuration at wound.

21. Compound comminuted fracture of tibia and fibula; conservative treatment; blacksmith; æt. 43; C. in 190 d.; necrosis of a fragment.

22. Compound fracture of tibia and fibula; conservative treatment; porter; æt. 75; D. in 10 d.; bleeding from wound, gangrene, delirium traumaticum, disease of arterial system.

23. Compound comminuted fracture of tibia and fibula; conservative treatment; lighterman; æt. 43; D. in 2 d.; delirium tremens, bleeding from saphena vein—a great gin drinker.

24. Compound fracture of tibia and fibula, tibia projecting; projecting bit of tibia sawn off, amputation on 21st day; in wine trade; æt. 44; D. in 26 d.; delirium traumaticum, exhaustion.

After operation stump became sloughy; diarrhœa; liver fatty.

25. Compound comminuted fracture of tibia and fibula, much injury to soft parts; immediate amputation through middle of thigh; required large quantities of opiates afterwards; railway labourer; æt. 24; D. in 19 d.; flesh wound of opposite thigh.

Symptoms of pyæmia on 14th day; wound became sloughy and opened; jaundice; clot in femoral vein; softening; deposits of pus in lungs, liver, and spleen.

26. Compound fracture of 3 outer metatarsal bones, and extensive laceration of soft parts; amputation after Chopart's method; labourer; æt. 26; C. in 115 d.; suppuration along peroneal and posterior tibial tendons.

27. Compound fracture of metatarsal bones, with injury to tarsus; conservative treatment; excavator; æt. 38; C. in 186 d.; inflammation of lymphatics in thigh; healed by granulation.

28. Compound comminuted fracture of great toe; amputation at metatarso-phalangeal joint; labourer; æt. 25; C.

29. Compound comminuted fracture of great toe; amputation at metatarso-phalangeal joint; labourer; æt. 31; C. in 44 d.; subject of mental affection.

CASES OF PYÆMIA OR SECONDARY DEPOSITS.

1. Deposits in organs; m., æt. 43; waiter; amputation for disease of knee-joint; rigor on 19th d.; lived 11 d.

Treated with sulphate of magnesia for 10 days; no result, however, was observed affecting the pyæmia. Time of year, June.

2. Deposits in organs; m., æt. 24; labourer; primary amputation for compound fracture of leg; rigor on 14th d.; lived 6 d.

Not any special treatment. Stimulants abundantly employed. Nourishment. Time of year, May.

3. Deposits in organs, pus in popliteal and axillary veins; m., æt. 50; excavator; diffuse cellular inflammation of hand and arm from thecal abscess in thumb, inflammation in absorbents and veins in leg of same side.

Died on day following admission, before full notes were taken of the case. Thecal abscess had commenced in thumb 6 weeks before admission. Time of year, May.

4. Deposit in spleen; m., æt. 15; sawyer; scalp wound, concussion and contusions; rigor on 25th d.; lived 11 d.

The spleen was found enclosed by the surrounding parts, which were firmly adherent to it. In separating the adhesions there escaped about 4 ounces of purulent matter; it came from a cavity which had formed in the substance of the spleen; it was situated in its upper half, at the inner surface, near the anterior margin. The upper wall was formed by the diaphragm, to which the spleen had become firmly adherent, or rather it was formed by the base of the left lung, for the diaphragm itself had ulcerated away so as to expose the substance of the lung. The exposed surface of lung was thickened and covered with coagulated lymph. There was no communication with the interior of the lung. On examining the spleen it was seen that a clot had formed in the place where the cavity now existed, and that it had subsequently decomposed. There were traces of the fibrin of the clot still left. Symptoms of chest mischief became apparent some little time before death. Time of year, March.

5. Deposit in right limb; m., æt. 69; coach trimmer; rupture of urethra by contusion of perinæum—perineal section; rigor on 13th d.; lived 5 d.

The sulphite of magnesia was ordered on day before his death; no result. Time of year, May.

EXCISION OF JOINTS.

1. Knee.—Disorganization from disease of synovial membrane, ligaments, and cartilages; struma and injury assigned as causes; suppuration in joint, sinus, discharge; duration, 2 yrs. or more; æt. 6½, f.; C. in 294 d.

Thin layers only were sawn off; patella was excised.

2. Knee.—Disorganization from invasion of joint by necrosis, large sequestrum in inner condyle of femur; cause, injury and necrosis; suppuration in joint, sinuses and openings made by incision; duration, 4 mos.; æt. 5, m.; C. in 37 d.

Transferred to St. Bartholomew's, on closure of St. Thomas's.

3. Knee.—Hard ankylosis from inflammation in joint after injury 4 years before; at a right angle; æt. 20, m.; D. in 12 d.; gangrene of leg, clot in popliteal artery, abscess and sloughing in popliteal space and calf, pneumonia in right lung.

4. Elbow.—Disorganization from invasion of joint by necrosis, chiefly of ulna; suppuration in joint, sinuses, profuse discharge; duration, 6 mos.; æt. 17, m.; C. in 46 d.

EXCISION OF BREAST.

1. Excision of tumour from breast; small tumour in upper part of left mammary region, no glands implicated; æt. 33; noticed 7 mos.; C. in 58 d.; erratic erysipelas.

2. Excision of breast and tumour; scirrhus mass in breast, no deep adhesions, no glands implicated; æt. 36; noticed 18 mos.; C. in 1 mo.; erratic erysipelas.

3. Excision of breast and tumour; small scirrhus mass in breast, no adhesions, no glands implicated; æt. 45; noticed 6 yrs.; C. in 1 mo.

Sister died of cancer of uterus. Grandmother died of cancer in the throat.

4. Excision of breast, tumour, and glands from axilla; scirrhus mass in breast, glands extensively implicated; æt. 32; noticed 10 mos.; R. in 84 d.; bronchitis, &c. Disease recurred.

OPERATIONS.

AMPUTATIONS.—

Primary.—Above knee 1; compound comminuted fracture of tibia and fibula, much injury to soft parts; D.

Cause of death, pyæmia; first rigor on 11th day.

Foot 1; fracture of metatarsal bones, and much injury to soft parts; C.

Amputation after Chopart's method; suppuration along tendons, peroneal, &c.

Great toe 2; compound comminuted fracture, and injury to soft parts; C.

Above elbow 2; compound comminuted fracture of humerus into elbow-joint, injury to soft parts; C. Above wrist 3; compound fracture of carpus, injury to metacarpus and soft parts; C. Fingers 2; compound comminuted fracture; C.

Secondary.—Above knee 3; in two instances (males) for compound fracture of tibia and fibula; in third (female) for fracture of femur in an aged person, under peculiar circumstances; C. 1, D. 2.

In the male cured amputation was resorted to on 160th day. The man had sustained compound comminuted fracture of leg, with much contusion. Abscesses and implication of knee-joint necessitated amputation.

The male death occurred with delirium traumaticum and sloughy stump. Amputation performed on 21st day. Primary injury, compound fracture of leg, &c.

In the female death amputation resorted to on 65th day. The primary injury, fracture of femur. Subject, old woman with bent knee. Edematous leg, ulcerations, and bent knee, necessitated amputation. She died 31 days after.

Fingers 1; for effects of injury; C.

For disease.—Above knee 6; of the 4 males, 2 were for disorganized knee-joint, 1 for anehylosis and deformity of joint, the fourth for cancer of lower end of femur implicating joint; 1 female for cancerous tumour implicating joint, second female for disorganized joint; C. 4, D. 2.

One male death occurred on 6th day after operation; subject of mitral valvular disease and disease of arteries. Operation for medullary cancer of lower end of femur, involving joint. The second male death from pyæmia on 30th day.

Below knee 1; for diseased tarsal bones implicating ankle-joint; C. Above wrist 2; 1 male for sloughy palmar abscess and recurrent hæmorrhage from radial artery; second male for deformity of wrist and hand after fractured humerus ill treated; C. Fingers 6; for stiffened finger or necrosis of one or other phalanges; C.

Excision of joints.—Knee-joint 3; 2 excisions of knee for disorganized joint, and 1 for hard anehylosis (the result of an old injury); C. 2, D. 1.

In the male, death occurred from sloughing in popliteal region and calf of leg, blocking up of popliteal artery, and pneumouia in right lung.

Elbow-joint 1; for disorganized joint from bone disease; C. Head of femur 1; for necrosis of hip-joint, acute necrosis of head of femur; C.

Ligature of arteries.—Posterior tibial 1; for accidental wound of artery; D. Artery divided by lacerated and incised wound; death from loss of blood.

Trephining and elevating.—1; for compound comminuted fracture of parietal bone; D.

Relief temporary.

Herniotomy.—17; 7 inguinal, 8 femoral, and 2 umbilical herniæ; the inguinal all males; of the femoral, 6 were females and 2 males; the umbilical cases were females; of the deaths, male, 2 were from inguinal and 1 from femoral herniæ; of deaths, female, 2 from femoral and 1 from umbilical; C. 11, D. 6.

Death, male, inguinal, from peritonitis, in 115 hours; sac opened; strangulation 10 hours; æt. 49. Second death, male, inguinal, from peritonitis. Third male death from bronchitis, emphysema, and peritonitis, slight. One female death from gangrene of intestine and peritonitis, second from chest disease, third from gangrene of intestine and peritonitis.

Lithotomy.—7; 6 calculi of lithic acid and 1 of oxalate of lime; 2 were adults, and 5 were children not older than 10 years; C. 5, D. 2.

One death from disease of kidneys on second day after operation, and second death from extravasation of blood and urine and consequent peritonitis.

Castration.—1; for abscess of testicle, chronic, strumous; C.

Excision of breast.—4; for scirrhus of mamma; C.

In one it was known to return.

Excision of tumours.—19; encephaloid tumour on scalp 1, cancer of lip 1, epulis 2, exostosis 3, fatty 9, omental (fat) 1, glands (tubercular) 2; C. 18, D. 1.

The death took place in the case of omental tumour, from jaundice and impaired health. Seat of tumour at femoral ring.

Reduction of dislocations.—3; radius 1, humerus 2; C.

Section of perinæum.—1, D.

Death from secondary deposits? Rupture of urethra by contusion.

Tracheotomy.—4; C. 3, D. 1.

In male death operation for asphyxia from pressure upon trachea by cancerous glandular growth.

Paracentesis abdominis.—21; operation successful.

Paracentesis thoracis.—7; operation successful; D. 1.

Paracentesis in the male death for blood in pleura. Cause, stab-wound in front of chest.

Abscission of anterior half of globe of eye.—2; for disorganization of eye and staphyloma; C.

Extraction of cataract.—7; lenticular cataracts in adults, one by lower section; C. 3, N. R. 4.

Discission of cataract.—25; operation performed 25 times for various purposes.

Formation of artificial pupil.—2, N. R.

Strabismus.—1; convergent squint; C.

For diseased bones.—35; occipital 1, lower jaw 3, vertebra 1, sternum 1, clavicle 1, humerus 3, ulna 1, femur 9 (including stump of 3), tibia 12, calcis 3.

Tenotomy.—3, C.

Harelip.—3, C.

Re-formation of stumps of legs.—1, C.

Ununited fracture.—2; C. 1, N. R. 1.

Entropium.—1; integument excised from upper and lower lids, cartilages and lids slit up and everted, corners stitched to eyebrows; C.

Webbed fingers.—1; three inner fingers on each hand webbed together; C.

Urethral fistula.—1; edges pared and brought together by quilled suture; C.

Fistula near meatus. Subject, little boy.

Total 205; of these, 54 were major operations.

CASES IN WHICH HERNIOTOMY WAS PERFORMED.

1. Inguinal (right); æt. 23, m.; strangulation 22 hrs.; taxis, warm bath, ice 2 hrs.; Poupart's ligament divided and internal pillar of ring—sac emptied of fluid by lifting pelvis and lower extremities; sac not opened; contents fluid, intestine?—testicle found lying close to ring, and left there—stricture at internal pillar of ring; C. in 55 d.; diarrhœa for a day or two after operation—orchitis of testicle exposed. Truss ordered on 57th d.

2. Inguinal (right); æt. 27, m.; strangulation 18 hrs.; taxis, ice; sac opened, stricture divided; C. in 20 d. Truss ordered on 14th d.

3. Inguinal (right); æt. 37, m.; strangulation 20 hrs. or more; warm bath, ice, taxis, enema; sac opened, stricture divided; omentum returned in large quantity—one small piece tightly strangulated and dark—fluid—no intestine seen; stricture at internal abdominal ring; C. in 70 d.; had delirium tremens after operation—abscess and slough formed on scrotum, and discharged through bottom of scrotum. Abscess closed up slowly.

4. Inguinal (right); æt. 39, m.; strangulation 12 hrs.; warm bath, ice, taxis; sac opened, internal ring and neck of sac divided; about 10 inches of small intestine returned, highly congested in parts—serum bloody; stricture at neck of sac; C. in 25 d. Truss ordered on 21st d.

5. Inguinal (left); æt. 46, m.; strangulation 18 hrs.; warm bath, ice, taxis; sac opened, rings and neck of sac divided; knuckle of small intestine, highly congested, returned—lymph on intestine—fluid bloody; stricture at neck of sac; C. in 30 d. Truss ordered on 27th d.

6. Inguinal; æt. 49, m.; strangulation 16 hrs.; warm bath, ice, enema, taxis, spread over 4 hrs.; sac opened, external ring divided and neck of sac; large knuckle of small intestine returned—lymph on intestine—adhesions between folds of intestine and sac; stricture at neck of sac; D. in 115 hrs. of peritonitis.

7. Inguinal; æt. 59, m.; symptoms of obstruction for 10 d., worse for 3 d.; ice, enema, truss; sac opened, stricture divided; contents, intestine, cæcum; stricture at neck of sac; D. in 6 d. of peritonitis. Died almost suddenly at last from peritonitis. It was imagined that perforation had occurred. Sickness was not abated by operation.

8. Femoral; æt. 22, f.; strangulation 14 hrs.; ice, taxis; sac opened; contents, intestine; stricture divided at Gimbernat's ligament; C. in 20 d.

9. Femoral; æt. 40, f.; strangulation 21 hrs.; ice, taxis; sac opened, containing no intestine—bit of omentum tightly impacted in ring—serum bloody; stricture at Gimbernat's ligament; C. in 50 days. Truss ordered on 48th d.

10. Femoral; æt. 49, f.; strangulation 60 hrs.; treatment $3\frac{1}{2}$ hrs., ice and taxis; sac not opened; stricture divided at Gimbernat's ligament; C. in 39 d. Truss ordered on 28th d.

11. Femoral; æt. 69, f.; strangulation 15 hrs.; treatment $3\frac{1}{2}$ hrs., ice and taxis; sac not opened; contents, intestine, ? omentum; Poupart's and Gimbernat's ligaments divided—stricture at the latter; C. in 62 d. Sinus slow to close.

12. Femoral; æt. 72, m.; symptoms 6 d.; warm bath, ice, taxis; sac opened, omental adhesions ruptured; contents, no intestine—omentum, adherent and congested; stricture at Gimbernat's ligament; C. in 26 d. Recovered without a bad symptom. Wound nearly closed on 17th d.

13. Femoral; æt. 61, f.; strangulation 3 d. or more; taxis, ice; operation immediate—sac opened—stricture divided—intestine returned; a small knuckle, very

dark—omentum and fluid in sac; stricture at Gimbernat's ligament; D. in 5 d.; gangrene and sloughing of intestine—artificial anus—peritonitis. Intestine was so dark that there was some hesitation in returning it.

14. Femoral; æt. 63, m.; strangulation 40 hrs.; ice, taxis; sac opened—adhesions ruptured—stricture divided; intestine adherent to sac—no fluid—intestine not dark; stricture at Gimbernat's ligament; D. in 74 hrs.; bronchitis and emphysema of lungs, little peritonitis. The bronchitis was chiefly influential in the fatal result.

15. Femoral; æt. 68, f.; strangulation 65 hrs.; ice, taxis; sac opened, intestine returned; a small knuckle, not in bad condition; stricture at Gimbernat's ligament; D. in 9 d. and 14 hrs.; chest affection, including aortic valvular disease and atheromatous vessels. Was recovering from hernia, but died from the chest mischief.

16. Umbilical; æt. 43, f.; strangulation 3 d.; warm bath, ice, taxis; stricture divided without opening sac—contents of sac partly reduced; intestine (?); stricture at margin of neck of sac; C. in 74 d. Wound slow to close.

17. Umbilical; æt. 53, f.; strangulation 48 hrs.; ice, taxis, calomel, and opium; sac opened, intestine gangrenous, ruptured—edges of rent stitched to edges of wound—neck of sac not divided; it contained a long coil of small intestine with its mesentery, gangrenous, strangulated by being twisted and squeezed between mesentery and neck of sac; D. in 27 hrs.; peritonitis and gangrene of intestine.

No. of cases, 17; deaths 6, recoveries 11.

Of deaths, 2 were mainly attributable to chest affections.

Of fatal cases, shortest and longest periods of strangulation 16 hours and 3 days or more respectively.

Sac not opened in 5 out of the 17 cases.

CASES IN WHICH LITHOTOMY WAS PERFORMED.

1. Lateral; æt. $3\frac{1}{2}$, m.; 2 calculi of lithic acid, about size of marbles, conical in form, the truncated apex of one attached to base of second; C. in 76 d.; sinus obstinate.

2. Lateral; æt. 6, m.; lithic acid; C. in 46 d.; sinus obstinate.

Had been cut 3 years before. Stated to have suffered from second stone 6 weeks. The stone was of unusual form, pyramidal and twisted on itself; length nearly 2 inches. Sinus remained open.

3. Lateral; æt. 10, m.; symptoms 3 yrs.; mulberry, oxalate of lime; C. in 42 d.; hæmorrhage recurred for 5 or 6 d. after operation, and last on 13th d.

Had hæmaturia during last 4 months of illness. Calculus 1 inch diameter.

4. Lateral; æt. 10, m.; symptoms 7 yrs.; lithic acid, coated, long; C. in 80 d.; ascarides.

5. Lateral; æt. 59, m.; symptoms 3 yrs.; lithic acid, large; C. in 27 d.; deep perinæum—second incision of prostate—difficulty in extraction.

Stone large and flat. Did well. Urine by urethra on 16th day.

6. Lateral; æt. $9\frac{1}{2}$, m.; symptoms 4 yrs.; 2 calculi of lithic acid, small; D. in 2 d.; disease of kidneys, the left chiefly—muco-purulent deposit in urine.

Died suddenly on second day, after an attack of convulsions. The two stones were small, one conical, the other a truncated cone, the latter attached to the former by its base.

7. Lateral; æt. 58, m.; symptoms 15 yrs., worse 12 wks.; lithic acid, spindle-shaped; D. 6th d.; secondary hæmorrhage and extravasation of blood and urine.

Blood and urine extravasated into subperitoneal structures about bladder and iliac region.

MISCELLANEOUS DISEASES.

Conical stump 1, C.

Cure by amputating the pointed ends of the stumps. The legs had been crushed off 4 years before. The wounds had been left to granulate. On admission there was a sore over the end of the bone on the right side, and a warty growth over the end on the left side.

Distortion of hand by injury 1, C.

Nature of distortion, flexion of wrist on forearm, and fingers on carpus and on themselves. Fractured condyles of humerus 3 years before. Treatment by amputation close above wrist-joint.

Ununited fracture of ulna 1, R.

Seat of fracture, 2 inches from carpal end. Duration 7 months. Treatment by passing seton between ends of bone.

Talipes equinus 3; C. 2, R. 1.

Treatment by division of tendo Achillis and apparatus.

Talipes equino-varus 2, R.

One treated by tenotomy and apparatus, the second by apparatus only.

Talipes equino-valgus 3; C. 1, R. 2.

Treatment by division of peroneal tendon and apparatus.

Flat foot 3; C. 1, R. 2.

Distortion from contraction of extensor longus digitorum 1, C. Treatment by apparatus.

Extreme extension of great toes 1, C.

Treatment by division of tendon of each extensor proprius pollicis.

Harelip 3, C.

Two were cases of double harelip; treatment by operation. One female, æt. 14,

eured, was a case of single fissure on left side; treatment by operation. Of the 3, 2 were infants, and the third a girl æt. 14.

Cleft palate 1, R.

Webbed fingers 1, C.

The three inner fingers on each hand were webbed. Treatment by operation. Subject an infant.

Contraction of neck after burn 1, C.

Treatment by apparatus.

1 8 6 3.

INJURIES.

Sprains.—Vertebral column 2, C.

The 2 men had sustained injuries very similar in nature and from almost precisely similar causes. Each had been doubled up on his driving-box in trying to drive his van under a low archway or beam. The trunk was forcibly bent downwards and forwards. One escaped without any paralysis at all, though there was slight swelling about a spinous process of a lower dorsal vertebra. The other suffered incontinence of urine and retention of fæces for 5 days.

Other parts 20, C.

Rupture.—Ligamentum patellæ 1, C.

This was an instance of second rupture; the first lesion had occurred 5 months previously.

Gastrocnemius muscle 1, C.

The rupture was supposed to have taken place in the middle of the calf. The symptoms were swelling, pain, &c.

Contusions.—Head 9, C.

One man had bruised his head in falling during an epileptic seizure; after his admission he had an attack of convulsions. In another man abscess formed at the seat of injury; he was also subject of other contusions. One female cured exhibited a blood tumour; the contusion had occurred 5 days before admission; dispersed under ice.

Trunk 31; C. 30, D. 1.

Of the males cured, 5 suffered chiefly from shock. In one, a child, the abdomen was the part contused, and temporary retention of urine was a consequence. One man was subject also of fractured humerus, another of contused head, and a third of compound fracture of nasal bones. Of the females, one suffered chiefly from shock. In one the loin was the region injured, and transient hæmaturia was a consequence.

Perinæum 1, C.

Retention of urine was caused by the swelling from the bruise, but catheterism was not difficult.

Extremities 31, C.

In one man, who had sustained contusion of the shoulder, loss of power in the scapular muscles was the result. One man was the subject also of an incised wound of the thigh, another of concussion of the brain. In one female the contusion was accompanied by extravasation of blood (subcutaneous); the collection was tapped; treacly blood oozed away for several days; she was under treatment one month.

Several parts at once 5; C. 4, R. 1.

One male, cured, suffered chiefly from shock.

One male relieved, æt. 60, became subject of delirium traumaticum on the second day; his friends perversely removed him on the seventh day, when he was still under treatment.

Concussion of brain.—9; C. 8, R. 1.

In 5 of the males cured the symptoms were only transient. They were of a graver nature in the sixth and seventh cases. In both cases the concussion was accompanied by scalp wound. In the sixth the state of unconsciousness continued five days; he was purged, cupped, blistered, &c., and got well. In the seventh case there had been considerable hæmorrhage, and, moreover, he was drunk at the time of accident; he recovered slowly, and with symptoms of anæmia cerebri. In the female cured the symptoms were transient.

The male relieved went out contrary to advice.

Concussion of spine.—2, C.

In the male cured the dorsal region was the seat of injury, and retention of urine continued 5 days after admission. In the female cured the accident had happened 3½ days before admission; the cervical region was the seat of injury, paralysis of sensation and motion up to the clavicles was the immediate consequence; in 30 hours after the accident she had recovered sensation and motion, and only complained of tingling in hands and feet on admission.

Incised wounds.—Thorax 3; C. 1, R. 2.

The wounds were superficial in each case.

Throat 4; C. 3, D. 1.

The wounds were all self-inflicted. In one instance the subject was an old man, æt. 50; the wound extended into the larynx, between the cricoid and thyroid cartilages; the bleeding had been profuse; he rallied slowly; at first could speak only in a whisper; the wound quite closed. In another case the wound had been made from carotid to carotid without opening either artery, it extended deeply between the hyoid bone and thyroid cartilage, laying open the pharynx and amputating the epiglottis; the superior thyroid arteries were divided, and a large vein (thyroid) was partly divided on the right side; bleeding had been profuse; the man was nearly dead when admitted; recovery was slow; he was fed by a tube passed through the nostrils into the stomach; in 64 days he was well enough to leave hospital; a small fistulous opening remained, occasionally permitting the escape of fluids into the larynx or externally; finally, the opening quite closed. The female was 60 years of age; the incision extended into the larynx, but the wound had closed on the twenty-ninth day.

Death occurred from delirium tremens, 60 hours after admission. The wound was only superficial.

Hand 1, C.

The intersosseous space between the thumb and forefinger was the seat of wound, and the wound had occurred 10 days before his admission; hæmorrhage had recurred several times; branches of the radial had been cut across and required ligatures.

Wrist 1, C.

Thigh 3, C.

Of the wounds of the thigh, one was deep and hæmorrhage severe and recurrent;

he lapsed into a state of traumatic delirium, and convalescence was protracted by bagging of pus.

Punctured wounds.—Knee-joint 1, D.

The wound was small, and had been inflicted 14 days before admission; synovitis followed, and disorganization of the joint; abscesses formed about the joint. Amputation was performed above the joint, but rigors occurred on the 7th day after, and he died from secondary deposits of pus 14 days after.

Knee 1, C.

Needle had been broken in by the side of patella; it was extracted by exploratory operation.

Gunshot wounds.—Abdomen 1, D.

The bullet was from a rifled pistol; it entered the abdominal wall on the left side of the umbilicus, and its track seemed to be in the direction of the iliac region; the symptoms were at first those of collapse. He survived 9 days. The fatal termination was hastened by his getting out of bed; soon after that act he became worse, and quickly died from perforation and peritonitis.

Hand 2, C.

In one lad, æt. 17, the hand and wrist were so shattered that amputation above the wrist was performed. In the other the injury was made by a blank pistol cartridge, and was superficial only.

Lacerated and contused wounds.—Scalp 23; C. 22, D. 1.

In one man the injury was followed by symptoms of anæmia cerebri; the temple was the region injured; he was supposed to have fallen in a fit, and was confused on admission; he was sent out as cured on the 9th day, but 27 days after was readmitted; he complained of dull sensation across forehead and dim sight; the pupils were dilated, pulse was feeble, and surface pale; good diet and porter restored him, and he left on 9th day. In another the injury was accompanied by contusion on the back of the neck; in this case, also, the frontal bone was thought to be splintered at the seat of injury—scalp wound; he was tipsy at time of accident; cellular inflammation followed in the eyelid; he was discharged cured in a month, but was readmitted nearly 2 months after, complaining of pain and stiffness in the back of the neck; he remained under treatment for 3 months, when he was discharged "better." One man had erysipelas on the 6th day; he was tipsy at time of accident. One man was subject of fractured rib also, and another of fractured radius.

The death occurred from abscess in the brain on the 25th day; no symptoms of compression, nor any delirium, but only a low form of febrility accompanied the injuries; he was also the subject of fractured tibia and fibula.

Face 4, C.

Of the males cured one had chemosis, and the cornea sloughed; the eyelid was the seat of injury. In the female cured the cheek was the seat of injury, and abscess in the lachrymal sac followed.

Tongue 1, C.

The subject was a child. Hæmorrhage had been going on some time already; it ceased under the influence of pressure externally and the administration of iron internally, but he was admitted again afterwards for recurrence of hæmorrhage; a second time it yielded to iron internally administered.

Upper arm 1, C.

Forearm and hand 1, D.

The injury to the forearm and hand was accompanied by much contusion; the subject was unhealthy; the wound became sloughy; he lapsed into delirium traumaticum. Amputation was resorted to, but he sank 5 days after. The friends resisted operation until too late.

Hand 3, C.

The hand injuries were not extensive. One was accompanied by fracture of metacarpal bones of the thumb and little finger. Another was the result of an explosion.

Leg 8, C.

In one male cured the injuries were so extensive as to involve the sacrifice of the limb; the contusion and laceration were about the knee-joint, opening the joint and damaging the femoral artery. Amputation was performed above the knee; recovery was good, though retarded by necrosis from the stump of femur. One man was also the subject of fractured fibula; another of fractured ribs.

Foot 1, C. Great toe 1, C. Scrotum 1, C. Penis, &c., 1, C.

Wounds of globe of eye.—Rupture of globe 2; C. 1, R. 1.

In both females the rupture had been caused by blows from fists. In both the laceration had taken place on the nasal side of the cornea; in both extravasation of blood into the anterior chamber had ensued, and prolapse of the iris. One was salivated at first, and treated with tonics afterwards.

Fractures (simple).—Cranial bones (including fractures at base) 3, D.

One man died 3 hours after admission; he had fallen on the day previous; he was conscious until 4 hours before his admission; he was comatose on admission; no post-mortem examination. The other male died 13 hours after admission; symptoms of concussion and compression; no post-mortem examination. The female was the subject of a fracture of the left temporal bone, probably; she was collapsed and insensible on admission; on the following day she was conscious, but delirious; on 4th delirious and excited; on the 6th unconscious; on the 7th comatose and died.

Facial bones—nasal bones 1, C.; upper maxilla 1, C.

Clavicle—sternal end 2, C.; middle 3, C.; acromial end 1, C.

Of the males, 2 had also fractured ribs, and one fractured femur. Of the females, one had also fractured ribs.

Scapula 1, C.

The subject was only 9 years of age.

Humerus 5; C. 4, R. 1.

In 2 cases the surgical neck of the bone was the seat of fracture, another was also the subject of contusion over ilium. In one female the fracture was accompanied by dislocation of the head of bone.

Radius and ulna 1, C.

Radius 6, C.

Of the males, 3 were also the subjects of minor injuries. In one child the lower epiphysis was separated.

Ulna 1, C.

Ribs 22; C. 19, R. 1, D. 2.

Of the number cured, 3 had also sustained fractures of the clavicle, one was also the subject of fractured ulna; 2 others had sustained lacerated and contused wounds. One case was complicated with emphysema, and 2 with hæmoptysis and emphysema during the first two or three days.

Of the deaths, one man only survived admission 8 hours; seven ribs had been fractured on the right side; pleuro-pneumonia and pus in the pleura were discovered at the post-mortem examination. In the other man the fourth, fifth, and sixth ribs were broken; pleurisy and pus in the pleura were discovered at the post-mortem examination; this man was also the subject of contusions of the hip, groin, penis, and scrotum.

Vertebræ 3, D.

In 2 of the 3 cases the injury was in the upper dorsal region; paralysis extended as high as the third intercostal space in one and to the nipples in the other; one died in less than 2 days, and the other lived 14 days; the latter case had also sustained concussion of the brain and fracture of the upper jaw and nasal bones. In the third case the last dorsal and first lumbar vertebræ were fractured; he lived 15 days; he was paralysed from the seat of injury downwards; the cord was afterwards found softened and injured at seat of fracture.

Pelvis 3, C.

In one male the ilium was fractured, in the other the pubis. In the female the pubic bone was fractured; she had also a severe lacerated wound of the vagina, opening the latter into the rectum; fæces passed through the vagina; the recovery was good, though an abscess formed at the seat of a contusion in the abdominal wall; the subject was a child, æt. 1½.

Femur 31; C. 30, R. 1.

Of the 31 cases, 17 were under 10 years of age, and 2 were over 60. Of the males, comminution of the bone had taken place in one instance, and the same case was complicated with a lacerated and contused wound; union was firm in one month. One man had also sustained fractures of the tibia and fibula, and another fracture of the clavicle; retention of urine for 24 hours occurred in one case; both femora were broken in one child, and in the same case abscess formed over one knee. In another child refracture happened when he was just convalescent of the first injury.

Neck of femur 7, C.

In one of the males, æt. 15, the fracture was of the impacted kind. The other, æt. 40, was also the subject of spinal curvature. Of the females, the youngest was 55 years of age, and the eldest 73; the average time under treatment, 70 days.

Patella 6, C.

Of the 6 cases, 5 were transverse fractures. In the sixth case comminution had taken place; this man was also the subject of a severe compound comminuted fracture of the femur; the limb was amputated. In one instance the fracture was caused by muscular action. One female was 73 years of age.

Tibia and fibula 25; C. 24, D. 1.

Of the males cured, in one instance the tibia was comminuted; in one case the foot

was at the same time dislocated forwards and inwards; one man was also the subject of fractured femur; another had also sustained a lacerated and contused wound of the leg.

The male death had occurred rather from abscess in the brain, consequent on lacerated and contused wound of scalp and injury to the head. The case has already been registered under head of scalp wounds.

Tibia 25; C. 24, D. 1.

Of the 25 cases, 6 were under 10 years of age. In 2 instances the malleolus only was fractured. One male, æt. 14, was the subject of epileptic fits; four occurred within a few hours of admission, and none after the first 14 days.

The death occurred from abdominal injuries, of which the man was also the subject. See Injuries to Abdominal Viscera.

Fibula 28; C. 27, R. 1.

In one instance the fibula was fractured in two places, high up and low down. One man had also sustained a lacerated and contused wound of the leg.

Fibula with dislocation 1, C. Foot inwards (Pott's fracture) 1, C.

Several bones 2, D.

One man survived only 2 hours; he had sustained a compound fracture of the pelvis, and at the same time fracture of the tibia and fibula; he died from the shock. The other man, much older, æt. 71, survived 56 hours; he had sustained fracture of nine ribs on left side—some were broken in more places than one—a comminuted fracture of the left ilium, and separation of the sacro-iliac joint; blood had extravasated in large quantity along the psoas muscle.

Compound fractures (cranial bones).—Compound fissure of parietal bone 1, C. Of the external table only; no symptoms.

Compound fissure of occipital bone 1, C.

Compound fracture of external table of frontal bone 1, C.

Seat, anterior wall of frontal sinus; bone driven in; was stunned; no symptoms.

Compound fracture of parietal bone 2, C.

There was depression in each case; no symptoms.

Compound comminuted fracture of frontal and parietal bones 2; C. 1, D. 1.

The dura mater and brain were lacerated, symptoms of compression; bone elevated.

Compound fracture of parietal and occipital bones 1, D.

Convulsions; trephining; hæmorrhage cerebri; meningitis; coma. The fracture extended through the frontal and parietal to the temporal at base of skull.

Compound fracture of cranial bones, with compound comminuted fracture of humerus and fracture (simple) of 6 ribs, 1, D.

Died from shock. The humerus was fractured into the elbow-joint.

Bones of face.—Nasal 1, C.

Bones of arm.—Compound comminuted fracture of radius and ulna, with laceration of soft parts, 1, C.

Arm was amputated; subject a boy; did well.

Compound comminuted fracture of phalangeal bones of fingers 2, C.
Fingers amputated in each case.

Bones of leg.—Compound comminuted fracture of femur 1, C.

Leg was amputated. Subject of other injuries.

Compound fracture of tibia and fibula 6; C. 4, D. 2.

The 4 males cured made good recoveries.

The male death took place from pyæmia. The female succumbed from kidney disease.

Dislocations (simple).—Humerus into axilla 2; C. 1, N. R. 1.

The male cured had also sustained compound fracture of the femur, for which his leg was amputated, and fracture of the other patella. In the man unrelieved the dislocation had happened 8 weeks before.

Ilium backwards 1, C.

The ilium was dislocated backwards from the sacrum. It was doubtful whether the fracture was accompanied by fracture of the pubic bone on same side. The woman had been run over.

Patella outwards 1, C.

Cause, a fall on knee.

Astragalus forwards 1, C.

The bone was dislocated forwards, so that its head rested on the scaphoid; the tibia was thereby apparently dislocated backwards; the head of the bone formed a prominent object on the back of the foot. It was reduced under chloroform.

Astragalus backwards and inwards 1, R.

In the male relieved the bone was dislocated backwards and inwards, and turned end for end, so that the head looked backwards and upwards, and the posterior extremity pointed forwards and downwards, whilst the tibial or trochlear surface looked inwards and a little upwards. The fibula was also fractured, but the tibia was not so. It was not possible to reduce it.

Dislocations (compound).—Ankle-joint 1, C.

Complicated with injuries to the anterior tibial vessels and nerve, and fracture of the internal malleolar process. Amputation was performed below the knee. He was also the subject of fracture of the opposite tibia.

Great toe 1, C.

Dislocation at metatarso-phalangeal joint. An attempt was made to preserve the toe; it, however, became gangrenous, and amputation was performed.

Injuries to abdominal viscera by contusion or compression.—3, D.

In one man the small intestine had been ruptured, and the mesentery had been also lacerated; peritonitis rapidly commenced; he survived only 21 hours. In another the small intestine only was ruptured; death took place on the 6th day from peritonitis; this man was also subject of simple fracture of the tibia. The third man

was the subject of ruptured liver and hepatic duct; extravasation of bile took place into the peritoneal cavity to a great extent; he survived 18 days; peritonitis was the cause of death. The first and last cases were those of young men, 29 and 22 years of age. In each instance the abdomen had been forcibly compressed.

Burns.—28; C. 14, D. 14.

Of the 28 cases, 12 were under 10 years of age.

Of the 14 deaths, 9 occurred within 30 hours after the accident; 1 on the third day, from imperfect reaction; 1 on the 5th day, from convulsions (an infant, *æt.* 1½); 1 on the 7th day, from chest complication and suppuration (child, *æt.* 4½); 1 on the 8th day, from suppuration and diarrhœa; a fifth, male, *æt.* 28, died on the 9th day, from the combined influence of intemperate habits, delirium, and diarrhœa; the delirium was rather of the character of delirium traumaticum, and appeared on the 4th day after his admission; he died suddenly; no post-mortem examination.

Scalds.—18; C. 10, R. 2, D. 6.

Of the 18 cases, 16 were under 5 years of age, 1 aged 14, and 1 was 38 years of age.

Of the 6 deaths, 3 occurred within 33 hours of the accident; 1 on the 4th day, comatose, and with an exanthematous eruption out (*æt.* 2); 1 on the 7th day, from suppuration, and 1 on the 15th day, from suppuration also; the former was 13 months and the latter 18 months old.

Paraplegia (partial).—1, C.

Injury to the lumbo-sacral region was the cause of the paraplegia. It was sustained 10 months before admission. Partial loss of sensation and motion; loss of control over sphincters of bladder and rectum; pus passed by urethra for a long time. Sensation and motion slowly recovered, and pus gradually disappeared from urine. Pus was occasionally passed by rectum. Treatment consisted of repetition of moxæ externally and of tonics and alteratives internally.

Lameness.—1, C.

After injury to foot and ankle. Injury occurred 3½ months before admission. Doubtful whether fracture of astragalus and some dislocation had occurred. A granulating sore over inner ankle.

Pain in side.—1, C.

After contusion and doubtful fracture of rib. Injury occurred 3 weeks before admission.

DISEASES OF LOCOMOTIVE ORGANS.

Caries.—Navicular and cuneiform bones 6; C. 4, R. 2.

In 3 of the males cured Chopart's amputation was resorted to. The disease was of strumous character in each case, and had been in progress from 8 months to 2 years. Two were 23 and one 24 years of age. One was well enough to go out on 68th day; the other 2 were sent to Margate at the end of about 4 months; the latter became subject to disease of the carpal bones whilst under treatment for diseased tarsal

bones. The fourth case was that of a child, æt. 8; the diseased portions of bone were removed by operation; the child was under treatment 232 days.

The 2 cases relieved were still under treatment when they left. In the case of the male, fragments of bone had been removed by operation. Bone was gouged away in 1 case only. One only remained in hospital 10 days.

Caleis 3, R. Astragalus 1, R. Astragalus and caleis 1, R.

Temporal 1, C.

The mastoid cells were the seat of disease. Abscess formed after scarlet fever.

Necrosis.—Superior maxilla 3; C. 1, R. 2.

The female was 64 years of age, and probably the ulceration of the gums was cancerous. The necrosis was from the alveolar process.

Inferior maxilla 3, C.

In 2 instances the alveolar process was the seat of disease, and in the third, necrosis had taken place in two spots, viz. symphysis and vertical ramus. In each instance the necrosed pieces were removed.

Sternum 1, Dis.

Also the subject of disease of frontal bone, clavicle, and patella. Discharged for misconduct.

Ilium 1, R.

Exploratory operation, but no sequestrum found; subject also of old hip-disease on opposite side. Sent to Margate.

Coccyx 1, C.

Æt. 9. Traumatic in its origin. In progress 11 months. Pieces of bone removed.

Femur 4; R. 2, D. 2.

One death occurred from diseased kidneys and hæmorrhage into bowels. In the other instance the subject was an infant 9 months old; he died an hour or so after admission; the shaft of the femur had undergone acute necrosis; a large abscess had formed in connection with it, and extended into the pelvis along the iliacus muscle; this latter was discovered after death, and that there was double pneumonia and pericarditis. The cause alleged was an injury.

Tibia 13; C. 6, R. 7.

In each of the 6 males cured the necrosed pieces of bone were removed by operation. In 1 instance the necrosis had been acute, and a large abscess had formed in connection with the dead portion. In another instance the necrosis was at the seat of a fracture which had occurred 20 years before. In another case the head of the bone was the seat of disease; an exploratory operation was performed, and bone gouged out; the operation, however, was followed by rapid disorganization of the joint; amputation above the knee had to be resorted to; convalescence was protracted. The right leg had been amputated below the knee; the left leg had been amputated above the ankle-joint 2 years before. He was under treatment 18 months.

In 5 of the 7 cases relieved the necrosed portions were removed by operation. In 1 male phagedænic ulceration attacked the wound. One girl had also necrosis of the humerus, another girl an ulcer over the front of the tibia, connected with periosteal disease and exfoliation from the surface of the tibia in its middle third; bone

was chiselled away; convalescence was most tedious; the progress of the ease was attended with inversion of both feet to a considerable extent; boots and apparatus were employed to correct this inversion; ultimately the sore and deformity were quite cured. The remaining ease was a readmission; on a former occasion, in the old hospital, bone had been removed; no farther operation.

Calcis 5; C. 3, R. 2.

In 1 male cured the os calcis was diseased in an ill-conditioned and ill-covered stump of foot; spontaneous separation had taken place, at the line of articulation between the first and second rows of tarsal bones, 2 years before; gangrene had followed injury; the diseased bone and bad stump were removed at the same time by amputation of the leg below the knee; a good recovery was made. In the other 4 cases, including 2 cured and 2 relieved, the sequestra were removed by operation. One male cured was also the subject of disease of phalangeal bones.

Metatarsus 4; C. 3, R. 1.

In 3 out of the 4 cases the metatarsal bone of the great toe was affected, and in the fourth case the metatarsal bone of the second toe. In 1 male an exploratory operation on the head of the metatarsal bone of the great toe ended in amputation of the toe; cellular inflammation and suppuration followed; convalescence protracted. The male relieved went out prematurely.

Metacarpus 1, R.

Humerus 4; C. 1, R. 3.

The female cured was a case of acute necrosis. The condyloid extremity of the humerus was the seat of disease. The subject was æt. 15. She was brought to the surgical from the medical ward, where she had been treated for fever. She was demented for some weeks. The necrosed part was removed by an operation from the outer side. The external condyle was pulled away with the cartilage from nearly the whole length of the articular surface. She made a good recovery.

In the 3 cases relieved the upper end of the shaft was the seat of disease. No bone was removed. The female was also the subject of necrosis of tibia.

Phalangeal bones 2, C.

In 1 male the great toe was affected; amputation was performed at the metatarso-phalangeal joint. In the female the ring finger was the seat of strumous disease; it was amputated. The male was also the subject of disease of the os calcis.

Ostitis.—Tibia 1, C.

The lower end of the bone was the seat of disease; much thickening; localised pain. The bone was trephined, but no pus or sequestrum discovered; however, improvement ensued.

Bones of tarsus 2; C. 1, R. 1.

The scaphoid was the bone chiefly concerned, apparently; there were also abscesses and extensive cellular inflammation on the sides and dorsum of foot; suppuration extended in and between the bone. Amputation below the knee was resorted to, and a good recovery obtained.

Periostitis.—Humerus 1, C. Tibia 1, C.

Exostosis.—Humerus 1, C.

The growth was seated on the inner side of the upper third of the shaft of the

bone; was about the size of half an egg; it was placed beneath the vessels and nerves, which latter were stretched over the growth. It had been noticed one year. Removed by operation.

Lumbar abscess.—1, R.

The abscess was not opened, and was subsiding at time of leaving hospital; æt. 13.

Psoas abscess.—3, R.

One man was in the old hospital in 1862, and at that time presented an enormously large abscess; on admission into the hospital (Surrey Gardens) in latter part of 1862 the abscess was open and discharging profusely; the opening was in the adductor region; he was under treatment 214 days, and went out at his own request; at time of leaving the sinus was still discharging, and he was emaciating. In the second case, æt. 24, the abscess was open on admission and had been discharging 10 months; the discharge was decreasing when he was removed from the hospital. In the third case, also, the abscess was open on admission, and discharge was profuse; he fell into a hectic state, but recovered slowly, and left hospital before the sinus had closed.

Spinal curvature.—Angular 4; C. 1, R. 3.

JOINTS.—

Synovitis (acute).—Knee 7; C. 6, R. 1.

Out of the 7 cases, 3 were traumatic in origin. In 1 of the males abscesses formed outside the joint, and the case remained under treatment for a long time. In the case of 1 of the females cured, a piece of needle had been broken, 4 days previously, into the knee; effusion into the joint ensued. On admission an exploratory operation was made, and the piece of needle extracted. She was rapidly getting well when she was attacked with scarlet fever; the attack proved to be a mild one, and she soon made a good recovery.

Hip 1, R.

Synovitis (chronic).—Shoulder 1, C. Wrist 1, C. Hip 1, C.

Knee 20; C. 14, R. 6.

Of the females cured one was brought to the surgical from the medical ward, in which she had been under treatment for acute synovitis of the knee and ankle. Whilst under surgical treatment she was attacked with smallpox, and was sent away to the Smallpox Hospital. She returned in 14 days, well of the smallpox, and much improved in respect of joint; 11 days after she left quite well. Another female had synovitis of wrist of one side and opposite ankle; she likewise was attacked with smallpox whilst under treatment, and was sent to Smallpox Hospital. When she returned she was quite well of both affections.

Disease of more than synovial membrane.—Shoulder 2; C. 1, D. 1.

The man was also the subject of lardaceous disease of the kidneys; urine was albuminous. Disease had been in progress $2\frac{1}{2}$ years. There were numerous sinuses running through the brawny tissues surrounding the joint. The joint was laid open and the head of the humerus, to which the disease was chiefly confined, was excised. Relief followed this operation, and the man left much improved. Kidney disease was persistent.

In the female death abscess had formed in the joint after parturition; abscess was

large; it was opened; she became hectic, the lungs became diseased, and she sank with symptoms of tuberculous disease.

Elbow 1, R.

The joint was excised. Humerus and ulna chiefly diseased. *Æt.* 9. Under treatment 186 days after operation. Sinuses discharging at time of leaving. Sent to Margate. Readmitted in 1864 for disease of same bones.

Wrist and Carpus 2, R.

In 1 man excision of elbow had been performed 9 months before in London Hospital. *Æt.* 44.

Hip 15; C. 2, R. 11, D. 2.

Nine out of the 15 cases were under 7 years of age; 1 was 13, another 18, and 4 between 30 and 40 years of age. In 4 cases the disease was in the incipient stage. In 5 cases dislocation and shortening had occurred. In 1 case the hip affection appeared 3 weeks after childbirth. In 1 instance the disease was very acute in its origin, and ran a rapid course to a fatal termination. One case seemed to be the subject of disease of lumbar vertebræ. Operative interference was only resorted to in 1 case.

Of the 2 females cured, 1 was a child *æt.* 3, and the disease was in the incipient stage. The other was a woman *æt.* 30; the disease appeared 3 weeks after childbirth, and had been in progress 8 months before admission. There was a large collection of pus about the joint; it was opened; improvement ensued. She remained under treatment 336 days.

The male who died had been ill only 2 months before admission; he presented a large abscess on hip and buttock, and œdema of leg. Abscess was opened. He survived 48 days. Besides extensively disorganized joint, a secondary abscess was found in lung. The female death occurred from peritonitis after operation at the joint. The subject was a child *æt.* 7. The joint was in an advanced state of disorganization. An exploratory operation was undertaken; the head of the femur was cut off, and diseased bone was gouged away from the great trochanter and acetabulum. Traumatic inflammation extended into the abdomen, peritonitis ensued, and death.

Knee 17; C. 8, R. 7, N. R. 1, D. 1.

Of the 17 cases, 2 were cured and 1 was relieved by *excision* (the relief in the latter case, however, was only temporary, and in 1864 she was readmitted into hospital; amputation was performed, but the result was fatal). In 2 cases *amputation* was resorted to; 1 case, *æt.* 33, recovered, but the other, *æt.* 45, died of pyæmia.

Of the 4 males cured, 2 were by amputation or excision, and 2 recovered without special treatment. Of the 4 females cured, 1 was by excision and 3 without any special treatment.

Of the 6 males relieved, 1 was readmitted in 1864, and it was found expedient to excise the joint; 1 case afterwards died of phthisis pulmonalis, and 1 child was taken out of hospital before he was well. In the female relieved, excision was performed, but, as before stated, the relief was only temporary. She was readmitted in 1864, and amputation above knee was resorted to, but the result was fatal.

In the male unrelieved, the disease was in an advanced stage, but the friends would not permit any operation; the child was also the subject of lardaceous disease of kidneys.

In the death, amputation was performed, but, 40 days after operation, he died of lung complication, probably pyæmic. No post-mortem was permitted.

Aukle 1, C.

The joint was disorganized and bones of the tarsus diseased when she was admitted. Amputation below the knee was performed. Secondary hæmorrhage rendered her more anæmic. Recovery was very slow.

Anchylosis (soft).—Shoulder-joint 1, R.

Knee-joint 2, R.

In the male the joint had become ankylosed after inflammation excited by punctured wound 2 years before. In the female ankylosis followed disorganization of joint from disease. She was 7 years of age. The ankylosis was accompanied by much contraction of tendons. Tenotomy was performed and apparatus employed, but improvement was not great.

Index-finger-joints 1, C.

Anchylosis (hard).—Elbow 1, N. R.

Inflammation of internal lateral ligament.—Ankle-joint 1, R.

Hysterical affection of joints.—Hip 1, R.

Neuralgic affection of joints.—Hip 2, R. Ankle 1, R. Various joints 1, R.

Rheumatic affection of joints.—Shoulder 1, C.

Weak knees.—1, R.

Weak ankle.—1, R.

Talipes equinus.—6; C. 2, R. 4.

„ *valgus.*—2, R.

„ *varus.*—1, R.

Contraction of plantar fascia.—1, C.

Æt. 16. Treated by section of the fascia and apparatus.

Contraction of fingers.—1, C.

After traumatic inflammation amongst tendons at wrist and in forearm. Treatment, forcible extension under chloroform.

Wasting of muscles.—Scapular 1, R.

After concussion and contusion of the shoulder.

Diseases of bursæ.—Acute inflammation (patellar) 14, C.

One of the males cured proved to be of the hæmorrhagic diathesis. The bursa was first incised in the out-patient-room; the wound continued to bleed, and he was, in consequence, admitted. Pressure was applied; the bleeding ceased, but, on removing pressure too soon, bleeding recommenced. It was finally arrested by continued pressure and interual styptic remedies.

Chronic inflammation (patellar) 3; C. 2, R. 1.

In 1 case cured the bursal tumours (double) were dissected out. Each contained fibrinous coneretions.

Chronic inflammation (behind knee) 1, R.

On both sides. Left was cupped and much improved. Right was blistered, &c., with less benefit.

DISEASES OF ALIMENTARY CANAL.

Mouth (soft palate, hole in).—2, R.

In the male the hole was small. It was closed by operation; edges pared, and brought together by sutures. *Æt.* 12. Seat at junction of hard and soft palates. Closure was *nearly* perfect. Boy had been subject of congenital fissure of hard palate also, but had had that closed in 1857. In the female the centre of the soft palate was the seat of lesion. It was about three eighths of an inch in diameter, and had been caused by syphilitic ulceration. The edges were pared and brought together. A tiny hole remained, which, however, eventually dilated into one nearly as large as the original.

Æsophagus (stricture).—1, R.

Symptoms 4 months. Not bad. *Æt.* 68. Bougie passed easily. Under treatment 14 days.

Intestines (hernia, not strangulated).—Inguinal 6, R.

In 5 out of the 6 cases the hernia was reduced by taxis. In the fifth the hernia returned spontaneously. One was a child aged 1 year and 8 months, another was 3 years of age. In 1 adult the symptoms had already lasted 24 hours. They were pain in abdomen, sickness, and local. After warm-bath and ice the hernia returned spontaneously. All cases had been treated by warm bath and ice before taxis succeeded.

Femoral 3, R.

In 2 out of the 3 cases the hernia returned spontaneously. In the third case it was reduced by taxis. The subjects were adults.

Umbilical 1, R.

The subject was only 12 years of age. The hernia was easily reduced after the action of an enema.

Intestines (hernia, strangulated).—Inguinal 2; C. 1, D. 1.

The male cured was 35 years of age. Hernia had been strangulated 5½ hours. Sac opened. Contents, 2 feet of small intestine and a large piece of omentum. Intestine flushed and congested. Stricture at neck of sack. Intestine returned. Omentum left to plug wound and canal. Well in 28 days.

The male who died was 78 years of age, and symptoms of strangulation had already lasted nearly 4 days. The sac was opened. Intestine *very* congested in sac, with omentum in not such a bad condition. Intestine was returned, and omentum was in

part left in canal. Stricture at neck of sac. Died in 60 hours. Ulceration of intestine had taken place at seat of stricture, and peritonitis also ensued.

Femoral 4; C. 1, D. 3.

The female cured was 67 years of age. Symptoms had lasted 3 days. Sac opened. Contents, a small knuckle of intestine and omentum adherent. Stricture at Gimbernat's ligament; stricture divided. Intestine not too congested to return. Omentum in part cut off. Well in 42 days.

Of the female deaths, æt. 54, 60, and 62. Duration of symptoms of strangulation 7 days, 18 hours, and 2 days. Sac opened in each case. In first intestine and omentum gangrenous; in second and third intestine and omentum not too congested to be returned. In 2 cases stricture at Gimbernat's ligament; in third at neck of sac. In first case intestine stitched to wound. First survived 39 hours, second survived 11 days, and third only 37 hours. First and last cases died from peritonitis, the second from asthenia and diseased heart and aorta.

Umbilical 1, C.

Æt. 54. Symptoms had lasted 48 hours. Sac opened. Contents, omentum and intestine, not in bad condition. Stricture divided. Intestine returned, omentum left. Stricture at neck of sac. Well in 21 days.

Rectum.—Abscess by side of 1, C.

Cured by incision, and afterwards division of sphincter ani.

Fistula 13; C. 10, R. 1, D. 2.

The cures were all effected by division of sphincter ani.

Both deaths occurred from phthisis pulmonalis.

Ulcer 1, C.

Prolapsus 3; C. 2, R. 1.

The male cured was the subject of hæmorrhoids and prolapsus. Actual cautery was applied to the prolapsed mass. Erysipelas ensued. Health was much impaired. The female cured was treated by ligature.

Hæmorrhoids 5; C. 1, R. 3, D. 1.

The male cured was treated by ligature.

Of the males relieved, 1 was treated by ligature, another by utric acid locally, and a third by general remedies.

The male 7 days after admission was attacked with hemiplegia on the left side, face, and trunk; he died on the following day. On examination after death embolism of the middle cerebral artery on the right side was discovered, and softening in the right corpus striatum. There were also deposits found in lungs and liver, described as tubercular. Æt. 65. Hæmorrhoids internal.

Stricture 1, R.

Polypus 1, C.

Either a very large polypus or large prolapsus. Cured by ligature. Health much impaired.

Fæcal abscess in scrotum.—1, R.

In connection with congenital inguinal hernia. An infant. Taken out by mother.

DISEASES OF CIRCULATORY SYSTEM.

Aneurism.—Aorta 1, D.

This case was admitted into the surgeons' ward for incontinence of urine, hydrocele, and a very large serotal hernia. *Æt.* 57. The aortic aneurism was large; it formed a prominent tumour on the left side of the sternum. He was allowed to remain in hospital from charitable motives. He did not die from hæmorrhage, but from functional derangements of lungs and stomach, &c., dyspnoea, sickness.

Femoral (false) 1, D.

This was a false aneurism; it occupied the middle third of the thigh. The artery had burst at the lower end of Hunter's canal, close to the opening in the adductor magnus muscle. The sac formed a large pulsating tumour in the middle third of the thigh. Digital and instrumental compression at the groin was the plan of treatment first adopted. The aneurismal sac increased in spite of it. The sac was therefore laid open by incision and dissection, the seat of rupture was displayed, and ligatures were placed on the artery above and below the seat of disease and rupture. Above the seat of rupture the coats of the artery were friable and much diseased. The walls of the sac were formed by muscle and areolar tissue. Eleven days after this secondary hæmorrhage occurred, and it was found expedient to amputate. He survived amputation 33 days.

Digital arteries 1, C.

In this case numerous aneurismal dilatations had formed along the digital arteries of the left ring-finger. They commenced in the palm of the hand. The palmar branches of arteries were large and pulsatile, and the veins on the dorsum of the hand were large. Accidentally, an ulcer arose on the outer aspect of the middle phalanx. Three times profuse hæmorrhage occurred from this ulcerated surface. On the third occasion he was sent to hospital. The hæmorrhage was temporarily arrested by pressure and bandage, and in the course of the day the ring-finger was amputated at the metacarpo-phalangeal joint. Numerous ligatures were required. He made a good recovery. *Æt.* 17. Occupation, a groom. Pain was the first symptom, and noticed for 12 months.

Nævus.—1, N. R.*Varicocèle.*—1, R.*Gangrene senile.*—1, D.

Part of foot was gangrenous. *Æt.* 74. Had been ill 2 months. Survived admission 39 days. Died from disease of heart and arteries.

Phlebitis.—2, C.

In both cases in leg. Abscesses formed in saphena major vein.

Edema of leg.—1, C.

White swelling of left leg. No symptom of phlebitis. *Æt.* 22, single. Disordered menstruation. Occurred suddenly, within 12 hours. Subsided in about 3 weeks.

DISEASES OF GLANDULAR AND LYMPHATIC SYSTEM.

*Breast (cancerous tumours are included in special table).—*Abscess 1, C.

The girl was also the subject of gonorrhœa and suppurating bubo. Abscess threatened to form on the cessation of lactation, but suppuration did not take place. Iodine and belladonna were the remedies employed.

Chronic mammary tumour 2, C.

In both cases the tumours were small. They were excised. Local anæsthesia was employed in 1 case.

Lymphatics.—Inflammation, simple acute, 4, C. Abscess, chronic axillary, 1, C.

Strumous enlargement 2, R.

In male relieved, seat cervical glands. *Æt.* 27. Enlargement very great, extending from zygoma to clavicle, from over median line in front to back. Ulcerating on surface. Under treatment only 8 days. In the female the cervical glands were the seat of disease, but not to so great an extent. *Æt.* 10. Seat, axilla.

Strumous abscess 1, R.

Tonsils.—Enlarged 1, C.

DISEASES OF ORGANS OF SENSE.

Eye.—Ophthalmia (traumatic) 1, C. Chronic 2, R. Purulent 1, C. Gonorrhœal 1, C. Strumous 1, C.

Cornea.—Wound of 1, C.

The wound was made by pointed scissors; it was horizontal. Iris prolapsed. No inflammatory mischief.

Ulcers of 3; C. 2, R. 1.

In 1 case the ulcer proved perforating. Prolapse of iris ensued.

Opacities on 2; R. 1, N. R. 1. Corueitis and granular lids 4, R.

Iris.—Iritis (chronic) 1, R.

Lens.—Cataract 5, R.

In 4 cases both lenses were affected. In remaining case the right eye had been disorganized a long time. Ages ranged from 36 to 70. Discission was employed in 2 cases; ages 50 years. The 3 other cases were not considered fit for operation.

Traumatic cataract 1, R.

After prick by a sharp thorn. Discission was employed; fragments of capsule remained across field of vision; *æt.* 21. Injury had been inflicted 3 weeks previously.

Congenital cataract 2, R.

In 1 no operation was attempted. In the other, a male, æt. 6, discission was employed. In the left eye this was followed by disorganization of the eye; in the right imperfect vision was obtained.

*Amaurosis.—1, R.**Suppuration in globe.—Traumatic 1, C.*

Æt. 16; cause, penetrating wound by a fragment of a percussion cap; wound inflicted 1 week before admission. Eyeball incised.

Hydrophthalmia.—1, C.

Æt. 9; left eye. The diseased globe was extirpated. The remaining eye threatened to become affected immediately after the operation, but the symptoms soon subsided.

Fissure in eyelid.—1, R.

Æt. 16; deformity congenital on right side in upper eyelid; it corresponded to the second and third fifths of lid, commencing on the nasal side. On each side of the cleft the lid was provided with cilia. The cartilage was correspondingly divided or fissured. Treatment, the central portion, consisting of the second and third fifths, was dissected out, and the edges of the fissure pared and brought together by sutures. The integument on each side of lid was thereby rendered very tense; incisions were therefore made, one on each side, to relieve the tension. The treatment was only partly successful, and conjunctivitis and corneitis ensued. The sight of the eye was temporarily impaired.

DISEASES OF GENITO-URINARY ORGANS.

Bladder.—Calculus 2; C. 1, D. 1.

The male cured was 3 years of age. He had suffered for 9 months. Stone was of lithic acid, about size of a marble. Lateral lithotomy performed. Well in 3 weeks.

The male death occurred in a child, from marasmus; æt. 1½. He was too sickly for operation. Lived 16 days after admission.

Irritation of 4; C. 3, R. 1.

The subjects were children. They were admitted for symptoms of stone. Under general treatment these subsided in a few days. In more than one instance due to the presence of ascarides in rectum.

Cystitis (chronic) 3, R.

One man was also the subject of a temporary renal affection. Casts appeared in, and disappeared from, his urine.

Urethra.—Stricture (chronic) 14; C. 6, R. 7, Dis. 1.

The males cured were not the subjects of bad stricture. Dilatation with bougies, catheters, or elastic catheters passed over catgut guides. Amongst the males relieved there was a man who had been subjected to urethrotomy by Mr. Thompson, of University College Hospital; it was done in the second year of the existence of the

stricture, or 4 years before his admission; the stricture was about 3 inches down the urethra; benefit from urethrotomy lasted about 6 weeks. On admission the stricture was very tight. He could not habitually pass a stream of water; he was in the habit, therefore, of passing an elastic catheter down to the seat of stricture, and, after pressing it on into the stricture for a few seconds, of plucking it suddenly away; urine would follow the operation. He was treated by catheterism. One was also the subject of abscess in the perinæum, but not urinary. One man was 68 years of age, and the stricture was complicated by change in the prostate.

Stricture suddenly retentive 10; C. 9, R. 1.

Seven out of the 9 cases cured were treated by warm bath and catheterism successfully. In the 2 remaining cases perineal section was required. In one case the retention became complete soon after his admission; a No. 1 catheter was passed forcibly through the stricture; section of the perinæum was made, and a pouch behind seat of stricture entered; a large gum elastic catheter was passed through the wound into the bladder; orchitis occurred on the 19th day; perineal fistula formed, and he went out with a fistulous opening. In the other case the retention was relieved at first by warm bath and catheterism, but on the 4th day it became complete from fresh effusion about the seat of stricture; section of perinæum was made; an elastic catheter was passed through the wound; it was not until the 47th day that a straight catheter was got through the urethra into the bladder. He made a good recovery.

The male relieved was treated by catheterism; he remained only 10 days; mucopurulent deposits in the urine. He died 4 days after he went out.

Rupture from injury 3; C. 2, D. 1.

In both males cured the rupture had been caused by contusion of the perinæum. In each case section of the perinæum had to be made. In 1 case the catheter was passed successfully into the bladder along the urethra. In the other case the attempt to pass a catheter by urethra had to be abandoned, as the vesical end of the dilacerated urethra could not be found; 26 days after, a catheter was successfully passed.

In the case of the man who died the injury happened to a urethra already the subject of stricture, 5 days before admission, and extravasation of urine had taken place extensively; section of the perinæum was made, and a catheter passed by the urethra into the bladder. The man died on the 5th day after his admission.

Strictural rupture 3; C. 1, D. 2.

In the case of the male cured there had been long-standing stricture; urinary abscess had formed after a fit of retention; section of the perinæum was made, stricture divided; catheter passed by urethra.

Of the deaths, 1 was in a man æt. 77; extravasation had occurred extensively; perineal section was made; he sank on the 12th day. The other was a younger man, of colour; extravasation had occurred extensively; diarrhœa and hæmorrhage from the bowels occurred, with rigors; a deposit of pus took place on the back of his hand; he died on the 16th day.

Urinary abscess 1, C.

Presented, and was incised in, perinæum.

Perineal fistula 2; C. 1, R. 1.

In the case of the male cured the fistule were numerous; catheterism was em-

ployed, but extravasation of urine ensued; perineal section performed; a catheter passed; a cure resulted. The other male was under treatment when he went out; the fistulæ remained after traumatic abscess, formed $2\frac{1}{2}$ years before admission; treatment by catheterism.

Fistulæ in anterior part of 2, R.

In both cases the fistulous openings were situated immediately in front of the scrotum. Each had resulted from abscess which formed 6 years before admission; the abscesses were urinary and strictural. One case was treated very beneficially by dilatation of the stricture. In the other case the man went out before any instrument had been got through the stricture. The former case was attacked with pneumonia whilst in hospital.

Testis.—Orchitis (traumatic) 2, C.

Syphilitic disease of 1, C.

Testicles were both much increased in size, but chiefly the left; this was disorganized, and a fungus granulation protruded from it. It was excised successfully.

Abscess of 3, C.

Impotence 1, R.

Hydrocele 9; C. 7, R. 2.

Of the 7 cases cured, 6 were by the radical method; 1 was a man æt. 52 , well in 9 days. The seventh case underwent castration; the hydrocele formed a tumour much resembling cystic disease of the testicle; the collection of fluid was tapped experimentally; diseased testicle seemed to remain behind; the contents of that side of scrotum were therefore dissected out; the tunica vaginalis was very much thickened, and contained fibrinous concretions.

The males relieved were by tapping only.

Prostate.—Disease of 1, R.

Prepuce.—Phimosis (congenital) 1, C.

The subject was a child; symptoms much resembling those of stone. Circumcision was performed.

Ovaries.—Dropsy of 2; C. 1, R. 1.

In the female cured ovariectomy was performed successfully; æt. 22 , single; right ovary affected; symptoms $4\frac{1}{2}$ years; girth before operation 48 inches; disease polycystic. But little constitutional disturbance ensued, and she made a good and rapid recovery.

VENEREAL DISEASES.

Gonorrhœa.—1, C. Complicated with bubo 1, C. With orchitis 1, C. With warts 1, C.

Chancres (not indurated).—Complicated with bubo 1, C.

Also subject of inflammatory phimosis and phagedænic ulceration.

Constitutional syphilis (integument).—Ulceration 8; C. 5, R. 3. Ulceration (serpiginous) 1, R.

Mucous tubercles 3; C. 1, R. 2.

The female cured was also the subject of hypertrophy of clitoris, mentioned below.

Throat 1, R. Throat and periosteum 1, C. Throat and eye 1, R.

Hypertrophy of clitoris.—1, C.

The woman was the subject of syphilitic mucous tubercles. After she had been cured of the mucous tubercles an operation was undertaken for the removal of the hypertrophied clitoris; it was very large. A clamp was fixed on the base of the mass, and the latter was cut off. The clamp was removed in the evening, but hæmorrhage occurred, arrested by perchloride of iron and pressure. She ultimately did well.

DISEASES OF TEGUMENTARY AND AREOLAR TISSUES.

Diffuse cellular inflammation or phlegmonous erysipelas.—17; C. 15, D. 2.

Of the 17 cases, 8 were of the leg and thigh; 7 were of the arm and hand; 1 was of the foot, at the seat of amputation of great toe; another of the lip and neck.

In 6 of the cases the cause was evidently traumatic; 1 female was also the subject of psoriasis.

Two of the cases cured were very ill. The subject of the inflamed lip and neck was a girl; the inflammation was rather of the absorbents; red lines were traceable from a swollen lip to the submaxillary region and upper part of the neck; she was much depressed on admission.

One male death occurred on the day following admission; he had been suffering from inflamed hand and forearm (traumatic). In the other male death the surface involved was very extensive, consisting of the entire arm, shoulder, and right side of thorax; he died on the second day after admission; cause traumatic; æt. 27; had been ill only 4 days before admission; very intemperate habits.

Inflammatory œdema.—2, C.

Carbuncles.—4, C.

One case was cured without incision. Three were on the back, and 1 on back of hand.

Abscesses.—Superfascial 14; C. 13, R. 1.

Of the 14 cases, 4 were over the front of knee, 4 on the dorsum of the foot and ankle, 2 on the thigh or legs, 1 was on the buttock, 2 on the arm, 1 on the scalp.

Subfascial 21; C. 17, R. 3, D. 1.

Of the 20 cases which recovered, 1 was pelvic, after confinement; 1 in the gluteal region, 6 on the thigh, 1 on the calf, 2 in the popliteal region, 2 at the ankle or in the foot, 4 in the axillary region, 2 palmar or thecal, 1 was in the ischio-rectal fossa.

The female who died was the subject of extensive abscesses in the thigh, buttock, and calf of leg; she died hectic; in the latter part of her illness it was discovered

that the hip- and knee-joints were undergoing disorganization, after death that both hip and knee were extensively disorganized; the liver was fatty; she was also the subject of recto-vaginal fistula.

Ulcers.—Debility, &c., 22; C. 12, R. 10.

Of the 22 cases, 2 were slow to cicatrize, because of their position; 2 were granulating sores after scalp wounds. In 1 instance the ulcer was situated in the midst of a large cicatrix after scald. In 1 the subject was a girl suffering from amenorrhœa; the ulcer was menstruous. One man was also the subject of psoriasis of the same leg. The 15 remaining cases were the subjects of debility. One man had been cured 7 years before of popliteal aneurism by compression.

Strumons 3; C. 2, R. 1.

Accompanying varicose veins 9; C. 2, R. 7.

In 1 male the saphena major vein was obliterated by silk twisted over needle; phlebitis and suppuration followed; abscesses formed.

Of doubtful nature 5, C.

Sloughing from debility.—1, D.

Situation on groin; æt. 3; condition anæmic; lived after admission 7 days.

Threatening abscess.—2; C. 1, R. 1.

Contraction of cicatrix of a burn.—1, R.

In front of neck; chin drawn down towards sternum. Operation consisted in dividing the contracting bands of fascia, dissecting up the integument, and stretching open the wound. The wound was left to heal by granulation. See Table of Operations.

MORBID GROWTHS AND TUMOURS.

Fatty.—1, C.

Situation, above the breast; size, that of an orange; noticed 7 years; excised successfully; æt. 30.

Cysts.—Sebaceous 1, C.

Serous 3, C.

In two instances (male) the cysts were on the back, between the scapula and spine; they were subcutaneous. Ages of the males 5 and 6 years; the cysts contained sero-purulent fluid; they were excised. In the female the cyst was beneath fascia of the calf of the leg and over gastrocnemius muscle; in size about that of an orange; noticed $2\frac{1}{2}$ years; it was dissected out; æt. 45.

Cancer.—Colloid 1, C.

Situation, superfascial over the apex of Scarpa's triangle in thigh; size, about that of a walnut; it had been noticed about 1 year; it was excised.

Epithelial 6; C. 5, N. R. 1.

In 3 out of the 5 cases cured the cancer was situated on the lower lip; ages 53, 71, and 74 years. The youngest had noticed growth about 4 months, the second 7 or 8

years; in the eldest this was a relapse, after removal 4 years ago; in each case the cure was effected by excision. In 1 of the males the scrotum was affected with the variety called chimney-sweep's cancer; the growth was superficial; had been noticed 5 months; was $2\frac{1}{2}$ inches in diameter; it was excised. The remaining male had cancer of penis; the glans was the seat of disease; noticed 9 months; æt. 30; a plumber; penis was amputated.

In the female unrelieved the lower lip was the seat of too extensive disease to admit of operation; the lymphatics were likewise affected.

Carcinoma or scirrhus 12; C. 5, R. 1, N. R. 5, D. 1.

In 8 out of the 12 cases the disease was situated in the breast. In 6 of the 8 breast cases excision of the gland and tumour was performed. In 1 of the 6 operation cases the disease returned in less than a month in the wound; it had the character of cystic sarcoma. In the 2 remaining breast cases disease was too extensive to admit of operation. Ages of the 6 cases operated on, 45, 47, 48, 49, 49, 63; the disease had been noticed from 7 months to $2\frac{1}{2}$ years; glands were not implicated in any one of the 6 cases.

In the male relieved and the male unrelieved the parotid region was the seat of disease; in the former case, æt. 63, in which there was not any ulceration, an attempt was made to extirpate the tumour, but a residue was left. The disease returned in the following year. In the other case, æt. 64, no attempt was made at extirpation.

A female unrelieved had carcinoma of the fourchette, labia majora and minora; she was 41 years of age; had noticed the growth 7 years.

In the male death the glands of the neck were the seat of extensive disease, chiefly on left side; æt. 53.

Carcinomatous ulceration 1, N. R.

The rectum was the seat of disease; æt. 58; had suffered 18 months.

* Encephaloid 1, C.

The growth formed a small tumour on the inner wall of the orbit; it appeared bilobed because fissured by the tarsal ligament; it had been noticed 9 months, and had grown rapidly during last 2 months; it was removed by dissection; a piece of æthmoid came away with the tumour; æt. 48.

Developmental deformity.—Harelip 6; C. 4, D. 2.

One of the males cured was the subject of double harelip; at the age of 3 months the intermaxillary bone was cut off; 2 months after, the operation was completed successfully. The 3 remaining cures were cases of single harelip, and were cured in the usual way; ages 6 months, 7 months, and 12 months. In 1 case (age 6 months, female) primary union was not obtained.

Of the 2 deaths, 1 occurred from congestive bronchitis, the other from scarlet fever; one 17 days, the other 11 days, after operation.

OPERATIONS.

Amputations.—Above knee-joint 7; C. 4, D. 3.

Of the primary amputations, 1 was for compound comminuted fracture of femur close above knee; the other for lacerated and contused wound above knee, implicating

knee-joint. Of the amputations for disease, 4 were performed for disorganization of knee-joint; 1 died from phthisis 40 days after amputation, and the other from pyæmia on 16th day after amputation. In the fifth case amputation was performed 11 days after ligature of femoral artery for aneurism; died 33 days after amputation.

Below knee-joint 4, C.

The primary amputation was for compound dislocation of ankle-joint, &c. Of those for disease, 2 for diseased ankle-joint and bones of foot, and 1 for diseased stump of foot.

Foot (Chopart's) 3, C.

The 3 amputations were for disease of bones of foot.

Great toe 4, C.

One secondary amputation was for compound dislocation of last phalanx. The 3 amputations for disease were for necrosis.

Below elbow-joint 2; C. 1, D. 1.

The primary amputation was for smashed forearm. The secondary amputation was for sloughing, &c., after lacerated and contused wound of forearm; friends forbade operation until too late; died 5 days after amputation.

Above wrist 1, C.

The primary amputation was for gunshot-wound of hand and wrist.

Fingers 7, C.

Amputations for disease; 1 for necrosis, 1 for stiffened finger, and 1 for aneurismal disease of digital arteries of index-finger.

Excisions of joints.—Hip-joint 1, D.

Excision was for disorganized joint; death from peritonitis, which followed operation.

Knee-joint 3; C. 2, R. 1.

For diseased joints; the female relieved afterwards returned, and had to undergo amputation; she died.

Elbow-joint 1, R.

Subject a boy; he afterwards returned, and in 1864 had to undergo farther operation.

Great toe-joint (metatarso-phalangeal) 1, C.

Head of humerus 1, R.

Subject of diseased bone about joint, chiefly humerus; he was also subject of lardaceous disease of kidney.

Operations to remove necrosed or diseased bone.—31.

Result various.

Trephining.—1, D.

For fractured and depressed cranial bones.

Excision of bursa.—1, C.

From over patella.

Tenotomy.—10, C.

For various forms of talipes.

Ligature of femoral artery.—1, D.

For false aneurism in mid-thigh; in 11 days amputation was found expedient.

Ligature of veins, varicose.—1, R.

Saphena major vein; phlebitis and abscesses ensued.

Tonsillotomy.—1, C.*Closure of perforations in soft palate.*—2, R.

Perforations from ulceration; adhesions subsequently gave way.

Herniotomy.—7; C. 3, D. 4.

Two inguinal, 4 femoral, 1 umbilical; sac opened in each case. *In deaths*, strangulation from 18 hours to 7 days, and ages from 54 to 78 years.

Division of sphincter ani.—11, C.

For fistula.

Ligature of polypus ani.—1, C.*Excision of globe of eye.*—1, C.

For hydrophthalmia.

Discission.—3, C.

For cataracts.

Lithotomy.—1, C.

Subject a child, æt. 3.

Castration.—2, C.*Amputation of penis.*—1, C.

For epithelial cancer.

Circumcision.—1, C.

For congenital phimosis.

Section of perinæum.—8; C. 5, D. 3.

For strictural disease in 6 cases, traumatic rupture of urethra in 2 cases.

Radical cure of hydrocele.—2, C.

By tapping and injection of solution containing iodine.

Ovariectomy.—1, C.

For ovarian dropsy; recovered without a bad symptom.

Amputation of clitoris.—1, C.

For hypertrophy.

Section of contracted cicatrix.—1, R.

Cicatrix after burn, from chin to chest; operation, integument was dissected up and subcutaneous fræna were divided; the chin and chest were afterwards kept asunder by apparatus.

Excision of great toe-nail.—1, C.

Tumours.—20; C. 18, R. 2.

In 6 cases the tumours were of scirrhus cancer in breast, and the breast was excised with the tumours. In one of the cases the disease returned within a month. One scirrhus of parotid, 1 encephaloid, 1 colloid, 4 epithelial cancers, 1 fatty, 3 cystic, 2 chronic mammary, 1 exostosis.

Harelip.—6; C. 4, D. 2.

One death from scarlet fever and 1 from bronchitis.

Fissure of eyelid.—1, R.

Congenital fissure; edges parcd, &c.

Tracheotomy.—2, D.

For laryngeal affections. Physician's cases.

Paracentesis thoracis, 3.

„ *abdominis*, 21. } —Successful as regards operation.

CASES IN WHICH EXCISION OF A JOINT WAS PERFORMED.

1. Elbow; subarticular caries, chiefly of ulna, and disease of synovial membrane; traumatic; duration 2 yrs.; æt. 9, m.; much swelling, sinuses, one sinus terminating in diseased ulna; R. in 186 d.; extension of caries along humerus, &c.

Sent out to Margate. Returned from Margate in 1864. Disease at lower end of humerus still in progress. Further operative measures were had recourse to.

2. Knee; subarticular caries, chiefly of tibia, and disease of synovial membrane; duration 1 yr.; æt. 25, widow; swelling, redness, tenderness, sinus; C. in 229 d.; sinuses at corners of wound.

Sent to Margate.

3. Knee; subarticular caries, chiefly femur, and disease of synovial membrane, preceded by rheumatic arthritis; duration 3 mos.; æt. 18, s. f.; much swelling and pain, sinus, health very delicate; R. in 101 d.; sinuses connected with disease of bones.

Sent out to Margate. Returned from Margate in 1864. Remained under treatment some time farther. Disease still went on; abscesses and sores numerous; health nearly exhausted. Amputation above knee resorted to; hæmorrhage, primary and secondary, severe; protracted sickness from chloroform; death.

4. Knee; strumous disease; duration 11 mos. or more; æt. 10, m.; no active disease, dislocation of tibia backwards, and extreme flexion of leg on thigh; C. in 130 d.

CASES IN WHICH EXCISION OF BREAST WAS PERFORMED.

1. Breast and tumour; scirrhus, no adhesions, no glands implicated; æt. 45; duration 18 mos.; C. in 59 d.

2. Breast and tumour; scirrhus, no glandular implication; æt. 47; duration 2 yrs.; C. in 56 d.
3. Breast and tumour; scirrhus, adhesions, no glandular implication; æt. 48; duration 7 mos.; C. in 45 d.
4. Breast and tumour; scirrhus, cystic, no glands implicated; æt. 49; duration 1 yr.; C. in 21 d.
5. Breast and tumour; large cancerous growth, with cysts in it; æt. 49; duration 2½ yrs.; N. R. in 60 d. Return of disease in wound in less than a month.
6. Breast and tumour; scirrhus, cystic, no glandular implication; æt. 63; duration 2½ yrs.; C. in 41 d.

CASES IN WHICH HERNIOTOMY WAS PERFORMED.

1. Inguinal; æt. 35, m.; strangulation 5 hrs.; taxis, iec; sac opened, stricture divided and inner pillar of external ring, intestine returned, omentum left; contents of sac, 2 feet of congested small intestine, omentum, sero-sanguineous fluid; stricture at neck of sac; C. in 28 d. Purging from too free use of calomel and enemata; cough.
2. Inguinal; æt. 78, m.; strangulation nearly 4 d.; immediate operation; sac opened, stricture divided, intestine returned, omentum left partly in sac, which contained intestine very congested, omentum not in bad condition, fluid; stricture at neck of sac; D. in 60 hrs. Ulcerations at seat of stricture; peritonitis.
3. Femoral; æt. 67, f.; strangulation 3 d.; immediate operation; sac opened, Gimbernat's ligament divided, intestine returned, omentum (part of) cut off; knuckle of congested, small intestine in sac, omentum adherent, no fluid; stricture at Gimbernat's ligament; C. in 42 d. Soreness in groin remained for some time longer, from the sinns which formed after operation.
4. Femoral; æt. 54, f.; strangulation 7 d.; immediate operation; sac opened, stricture divided, intestine stitched to wound; a small knuckle, gangrenous and perforated; stricture at Gimbernat's ligament; D. in 39 hrs. Gangrene of intestine; peritonitis.
5. Femoral; æt. 60, f.; strangulation 18 hrs.; immediate operation; sac opened, stricture divided, intestine and omentum returned; pus in sac, omentum gangrenous, knuckle of small intestine darkly congested, large bit of omentum, fluid; stricture at Gimbernat's ligament; D. in 11 d. Abscesses, subperitoneal, and peritonitis.
6. Femoral; æt. 62, f.; strangulation 2 d.; immediate operation; sac opened, Gimbernat's ligament and neck of sac divided; contents of sac, blood-stained serum, small knuckle of intestine acutely congested; stricture at neck of sac; D. in 37 hrs. No peritonitis; ulceration at seat of stricture and bands across intestine; disease of heart and aorta.
7. Umbilical; æt. 54, f.; strangulation 48 hrs.; immediate operation; sac opened, stricture divided at lower margin of opening, intestine returned, omentum left in

small quantity; contents of sac, small intestine and omentum, not congested; stricture at umbilical opening in abdomen; C. in 21 d.

CASE IN WHICH LITHOTOMY WAS PERFORMED.

Lithotomy (lateral); æt. 3, m.; symptoms 9 mos.; calculus lithic acid, globular, about size of marble; C. in 23 d. Clot passed on the 11th d.

CASES OF COMPOUND FRACTURE AND DISLOCATION.

Compound fissure of parietal bone; treatment, rest, &c.; m., æt. 27; excavator; C. in 26 d.

No symptoms. He was suffering from slight shock on admission.

Compound fissure of occipital bone; treatment, rest, &c.; m., æt. 36; groom; C. in 25 d.

Scalp wound was severe; bleeding profuse; not much shock; no symptoms.

Compound fracture of anterior wall of frontal sinus; treatment, rest, &c.; m., æt. 25; groom; C. in 17 d.

Bone was depressed and remained so; shock was slight.

Compound fracture of parietal bone, with depression, slight concussion, shock; treatment, ice to head, purgatives, &c., rest; m., æt. 12; factory boy; C. in 4½ d.

Made a good recovery; depressed bone not disturbed.

Compound fracture of parietal bone, with depression, slight concussion, shock; treatment, rest, &c.; f., æt. 7½; C. in 45 d.

Subject also of lacerated and contused wound of knee; made a good recovery.

Compound comminuted fracture of frontal and parietal bones, compression; treatment, elevation of depressed fragments; m., æt. 42; bricklayer's labourer; D. in 2½ hrs.; laceration of dura mater and brain, fractures of ribs.

Subject also of ossification of the pleura; died unrelieved 20 minutes after operation.

Compound fracture of parietal and occipital bones, compression; treatment, trephining and elevating, purgatives; m., æt. 21; window cleaning; D. in 69 hrs.; contusion and laceration of brain, inflammation of brain and membranes, convulsions, hernia cerebri, delirium, coma.

Compound fracture of frontal, temporal (basal), and parietal bones, compression; treatment, palliative; m., æt. 44; carpenter; D. in 25 hrs.; laceration of brain and dura mater, coma.

Subject also of fractures of ribs on one side, fracture of humerus into elbow-joint, and fracture of radius.

Compound comminuted fracture of radius and ulna, much laceration of soft parts;

treatment, amputation by circular method, primary; m., æt. 17; potter; C. in 55 d.; no complication.

Compound comminuted fracture of femur, much venous hæmorrhage; treatment, amputation (primary) by circular method; m., æt. 26; labourer at gasworks; C. in 196 d.; hæmorrhage from stump on night after amputation, sleeplessness, diarrhœa, necrosis from stump.

Subject also of comminuted fracture of opposite patella, and of dislocation of humerus into axilla.

Compound fracture of tibia and fibula, wound small, venous hæmorrhage considerable; treatment, conservative; m., æt. 27; wine porter; C. in 94 d.; suppuration at wound.

Did well.

Compound fracture of tibia and fibula, wound small, slight hæmorrhage; treatment, conservative; m., æt. 27; coachman; C. in 85 d.; necrosis of a small piece of bone, no other complication.

Did well.

Compound fracture of tibia and fibula, wound small, arterial hæmorrhage considerable; treatment, conservative; m., æt. 38; painter; C. in 71 d.

Did well.

Compound fracture of tibia and fibula, wound small, slight hæmorrhage; treatment, conservative; m. æt. 49; coachman; C. in 71 d.

Did well.

Compound fracture of tibia and fibula, wound small, hæmorrhage considerable; treatment, conservative; m., æt. 42; carrier; D. in 23 d.; sloughing of soft parts about fracture, much traumatic fever, pyæmia, rigors first on 18th d., next on 21st d., and several times afterwards.

Was never in fit state for amputation.

Compound fracture of tibia and fibula, much contusion, wound not large; treatment, conservative; f., æt. 47; charwoman; D. in 47 d.; suppuration at wound, renal disease and dropsy.

Granular disease of kidney; albuminous urine.

Compound dislocation of ankle-joint, fracture of internal malleolus, and obliteration of anterior tibial artery and rupture of nerve; treatment, primary amputation; m., 36; bricklayer; C. in 118 d.; abscess in stump, and necrosis from stump of tibia.

Subject also of fracture of tibia of opposite leg.

Compound dislocation of great toe; treatment, secondary amputation for gangrene of toe; m., æt. 24; waiter; C. in 36 d.; abscess in front of leg.

1864.

INJURIES.

Contusions.—Slight 54; C. 53, R. 1.

Severe without complication 20; C. 18, R. 1, D. 1.

In 1 case of contused abdomen recovery from a state of extreme collapse. In 1 case pneumonia. In the fatal case bronchitis was the cause of death.

Severe with complication 4; C. 3, D. 1.

In the fatal case visceral injury.

Concussion.—Brain 14; C. 13, D. 1. Spinal cord 1, C.

Fractures (simple).—Skull 3; C. 1, D. 2.

In 1 fatal case fracture of the base, in 1 contusion and laceration of the brain.

Lower jaw 3, C.

In 1 case necrosis after fracture.

Vertebræ 1, D.

Ribs 26; C. 21, R. 1, Dis. 1, D. 3.

In all the fatal cases there was laceration of the lung, &c.

Scapula 2, C. Clavicle 3, C. Humerus 8, C. Radius and ulna 5; C. 4,
R. 1. Pelvis 2; C. 1, D. 1.

Femur 50; C. 46, R. 1, D. 3.

One man died of delirium tremens, 1 of pyæmia, 1 of debility.

Patella 6, C.

Tibia 20, C.

In 1 case both tibiæ were fractured.

Fibula 31, C.

Tibia and fibula 35; C. 34, D. 1.

In the fatal case delirium tremens.

Several bones at once 5, C.

Fractures (compound).—Skull 6; C. 1, D. 5.

In all the fatal cases laceration of the brain, and in 1 rupture of the jejunum also.

Facial bones 1, C. Lower jaw 2; C. 1, R. 1.

Humerus 1, C.

Recovery from compound comminuted fracture into the elbow-joint.

Radius and ulna 1, C.

Carpus and metacarpus 1, D.

The cause of death in the fatal case was pyæmia after amputation (secondary) of forearm.

Tibia and fibula 13; C. 7, D. 6.

In 1 fatal case amputation of thigh and transfusion of blood, in 1 death after secondary amputation of thigh. One case of ununited fracture recovered. There were 3 deaths from pyæmia, 1 from shock after amputation of both legs.

Tarsus and metatarsus 4, C.

In 1 case amputation of 4 toes, in 1 Chopart's.

Dislocations.—Hip-joint 1, C.

Shoulder 6, C.

In 1 case axillary dislocation of humerus reduced after 3 weeks.

Clavicle 4; C. 3, R. 1.

Two of the sternal, 2 of the acromial end.

Other 3, C; 1 of semilunar cartilage, 1 of thumb, 1 compound of great toe.

Wounds.—Slight (*i. e.* simple, incised, abraded, or punctured) 23; C. 21, R. 1, D. 1.

In the fatal case extension of inflammatory action to the knee-joint, and amputation of thigh.

Scalp 33; C. 27, R. 1, D. 5.

In 1 fatal case bronchitis; in 1 intracranial suppuration, for which trephining in 1 primary, in a 2nd secondary, compression; in 1 hæmorrhage.

Throat 5, C.

Severe (from contusion or laceration, &c.) 19; C. 17, D. 2.

In both the fatal cases extreme shock led to death. In 2 complicated with wound of knee-joint, in 3 with wound of the radial artery.

Sprains.—21, C.

Complicated 5, C.

Injuries to the eye.—5; C. 1, R. 4.

Complicated injury.—1, D.

Dislocation of ilium from sacrum, with rupture of liver.

OPERATIONS, 1864.

Lithotomy 8; C. 7, D. 1. Lithotrity 3; C. 1, N. R. 1, D. 1. Amputation of hand (at wrist) 2, C.

Amputation of finger, fingers, or parts of hand 7; C. 6, D. 1.

One man died of pyæmia after subsequent amputation of the forearm.

Amputation of thigh 7; C. 3, D. 4.

One male died of pyæmia, 1 of shoek (in him transfusion of blood); 2 females died of heetic.

Amputation of leg 5; C. 1, D. 4.

One male died after amputation for senile gangrene, 1 after amputation of both legs, 3 from pyæmia.

Amputation of foot and toes 5, C.

One Pirogoff's, 1 Syme's, 1 Chopart's.

Exeision of knee-joint 5; C. 4, R. 1.

In 1 male amputation of thigh after exeision.

Operations upon bone (earious, necrosed, &c.) 19; C. 16, R. 1, D. 2.

One male died of pyæmia, 1 of hæmorrhage.

Removal of tumours, innoeent, 11, C.; malignant 6, C. Ligature of arteries, radial 3, C.; femoral 1, C.; external iliac 1, C. Reduction of inguinal hernia 6, C. Operation upon inguinal heruia 4; C. 3, D. 1. Reduction of femoral hernia 2, C. Operation upon femoral hernia 7; C. 5, D. 2. Reduction of umbilical hernia 1, C.

Amussat's operation 1, D.

Operation successful; death from bronchitis.

Operation for anal fistula and fissure 12; C. 9, R. 3. Hæmorrhoids 4, C. Perineal section 3; C. 1, D. 2. Operation for phimosis 4, C. Hydrocele 9 C. 4, R. 5.

Reduction of dislocation of humerus 6, C.

One reduction after 3 weeks of dislocation.

Reduction of dislocation of clavicle 4, C.; femur 1, C. Operation for hare-lip 1 C. Ununited fraeture 1, C. Plastic 7; C. 5, R. 2. Strabismus 1, R. Tenotomy 2, C. Trephining 2, D.

Other operations 8; C. 6, D. 2.

Included under this heading are 1 instance of opening a congenitally occluded rectum, followed by death, in a male child; 1 successful instance of reduction of a dislocated thumb in a male child; 1 successful removal of a loose body from the knee-joint of a male; 1 cure of varicocele; 1 removal of an ingrowing great toe-nail; 1 transfusion of blood in a male, unsuccessful, noticed under amputation of the thigh; 1 incision of os and cervix uteri.

CAUSES OF DEATH IN THE SURGICAL CASES.

Primary shoek, m. 11, f. 12. Hæmorrhage, eontinuous, m. 1; recurring, m. 1. Gangrene, acute, m. 1, f. 3. Septicæmia (including pyæmia), m. 10, f. 1. Heetic, m. 5, f. 2. Delirium tremens, m. 2. Tetanus, f. 2. Peritonitis, m. 1, f. 2. Cancerous cachexia, m. 4. Tuberculosis (especially of lungs), m. 3, f. 2. Broncho-pneumonia, m. 4, f. 1. Lesions of brain, primary, m. 8, f. 4; secondary, m. 2, f. 1. Lesions of other viscera, m. 6. Coexisting renal disease, m. 4; hepatic, f. 1; uterine, f. 1. Other causes (including the cachexy of cancerum oris in 2 children), m. 8.

PYÆMIA, 1864.

During the year 8 cases of unequivocal pyæmia occurred in the male accident and King's wards.

The 3 earliest happened in King's ward, the dates of their termination in death being respectively February 14th, April 23rd, and June 18th; the last of the 3 cases was in the ward at the time of the commencement of symptoms in the second, and the second at the time of commencement of similar symptoms in the first. The next 4 cases occurred in the accident ward, the dates of their termination in death being respectively June 23rd, July 4th, July 4th, and August 15th; the second of the 4 was in the ward with the first, and the third with the second; between the third death and the admission of the fourth a period of 11 days intervened. The eighth and last case occurred in King's ward, September 4th being the date of death; but it is to be observed respecting it, that the patient, for 8 days after his admission, lay in the accident ward, and was not removed thence until symptoms of pyæmia had plainly declared themselves in a fellow-patient.

The patients in King's ward were, on July 12th, removed to a temporary ward erected in the grounds, and were not brought back until July 27th. During the interval an attempt was made to purify their old ward; the walls, ceiling, and floor were washed with solutions of chloride of lime, the paintwork was thoroughly cleaned, and all the bedsteads, linen, and furniture were taken out and cleansed. One death from pyæmia occurred subsequently in the ward on September 4th, but, as above stated, the man who died had on his admission lain for 8 days in the accident ward, not far from the bed of a pyæmic patient.

On July 27th the patients were removed from accident ward to the temporary building, and on August 2nd were brought back to their old places. In the interval their ward was treated in the same way that King's had previously been. Symptoms of pyæmia set in on August 7th in a patient who had been for 12 days in the ward while it was yet uncleaned; near him, for 3 days after the commencement of symptoms, lay the eighth and last case of the year, afterwards removed to King's ward, where the disease attacked him also, after the lapse of a period of 13 days.

August 15th for the accident, and September 4th for King's, ward are, accordingly, the dates of the latest cases of pyæmia at St. Thomas's Hospital in the year 1864, and the disease did not reappear until the latter end of March, 1865.

The facts given, at the very least, suggest the advisability of bestowing cases of operation, compound fracture, &c., in rooms separate from the general wards.

In each of the 8 cases suppuration in the neighbourhood of divided or open bone was the physical precedent of the pyæmic symptoms.

From the commencement of symptoms to death the longest interval was 15 days, the shortest 4, the average $9\frac{3}{4}$. The number of days which elapsed from the performance of an operation involving bone to the date of pyæmic symptoms was in 7 cases, after amputation of the forearm 16, after gouging of tarsal bones 11, after amputations of the leg 8 and 9, of the thigh 6, after removal of bits of fractured ends of tibia 7 and 12. In the eighth case no operation was performed, but the broken bone (tibia) had been noted lying in an abscess cavity for 20 days.

TETANUS.

Three traumatic instances; 2 in female children, æt. 7 and 3, after superficial injury. In 1 burns, treated by whitening and vinegar, preceded the development of tetanus 8 days. In the second scalds, similarly treated, preceded 7 days. The little patients lay near one another in Queen's ward, and were attacked by the disease on the same day. The elder lived 57 hours subsequently, the younger 23 only; in the first ice-bags were kept to the spine for 20 hours, and exercised no apparent influence over the disease; laudanum was then given in repeated doses at discretion, and appeared for a time to be acting beneficially. She grew quieter, and slept once for a period of 2 hours; her pupils were contracted up to the last. Post-mortem examination disclosed fulness of the sinuses of the dura mater, congestion of the cortical substance of the brain, fulness of the spinal veins, but, as far as could be seen under the microscope, a normal condition of the substance of the cord.

In the second case ice-bags were kept to the spine from first to last with equal uselessness.

Upon post-mortem examination nothing abnormal was found in the brain or spinal cord; the venous system of both was natural.

The third instance of tetanus was in the person of a boy, both whose legs had undergone primary amputation; 5 hours subsequently tetaniform convulsive paroxysms commenced, and in 36 hours he died.

MALIGNANT DISEASE.

Fifteen patients, afflicted with malignant disease in one or other of its forms, were treated during the year; 11 of the number were males, the remaining 4 females. In 2 of the former the disease occupied the rectum, being in one of the soft, in the other of the hard, variety of cancer. In the first the disease had existed 14 or 15 months, and the bowel remaining non-obstructed nothing was required to be done; he was discharged unrelieved. In the second the disease had lasted 12 months, and he was admitted with obstruction of the bowel. To relieve him Amussat's operation was performed with complete success in its immediately intended result. Unfortunately, however, he was attacked by bronchitis, and died of it 24 days after the operation.

In 5 of the remaining male patients the tongue was the seat of disease; in 1 it had existed 3 months, he was discharged unrelieved; in a second it had existed 12 months, and he died 3 months from admission; in a third it had existed 16 months, and he died 2 months from admission; in a fourth it had existed 3 months, he was discharged unrelieved in 54 days; in the fifth and last case it had existed 12 months, and he was discharged unrelieved in 14 days.

In 2 of the 5 cases acetate of lead was exhibited; its effect in both was the production of plumbism in a few days and a diminution in the "spitting." In 1 instance ice was employed without obvious result. In the end the main object of treatment was the promotion of the patient's comfort by the frequent administration of small doses of laudanum and the use of a chlorinated wash for the mouth.

In 2 of the remaining 4 cases the lip was the seat of disease, which was extirpated in both by the knife; in 1 of them it had existed 10, in the other 3, months.

In 1 of the remaining 2 cases the disease occupied the side of the neck, and had

existed for 3 years. He lived 5 weeks only from admission, hæmorrhage being the immediate precursor of death.

In the last case the front of the leg was the seat of disease, which had existed 5 years; 9 times the tumour had been removed, only to reappear again. Here it was removed for the 10th time, and for 9 months showed no signs of return. During these 9 months the man lay constantly in bed, and for some portion of the time with an ice-bag over the seat of mischief. Finally the wound closed, except for a very small space. Contrary to advice, he went out and resumed his employment with the expected result of a speedy return of the disease, and he died in 1865.

In the 4 female patients the mamma was the seat of disease. In 3 extirpation was performed, with no immediate return of the disease; in the remaining instance an ice-bag was kept to the tumour for 7 weeks, with the result that it did not increase.

The average age of the 11 male patients was $49\frac{3}{4}$ years, the maximum 63, the minimum 28 years.

The average age of the 4 females was $46\frac{3}{4}$, the maximum 53, the minimum 39 years.

In 13 of the 15 cases the existence of family predisposition was ascertainable; in 9 no relative had suffered from cancer or malignant tumour, in 4 relatives had died of the disease.

An endeavour was made to find out the amount of truth in the common belief in the danger of habitual smoking, especially out of a clay pipe. All the men in whom the disease occupied the lips or tongue were smokers, 2 in great excess, and out of clay pipes. One of the 2 confidently affirmed that the mischief began after "chafing by the pipe."

OPERATIONS IN CONNECTION WITH THE FEMALE GENERATIVE ORGANS.

In 3 cases perineal rupture was successfully treated.

In 1 case vesico-vagina fistula was successfully treated.

In 1 recto-vaginal fistula was successfully treated.

In the first of the 3 cases of perineal rupture the laceration had been caused 4 months previously at a first parturition. Four days subsequently to delivery sutures were introduced, and again on the 11th day; the legs were not tied together, nor was catheterism employed, and the sutures all tore out. The rupture extended from the vagina to the sphincter ani; the womb was prolapsed.

Here the edges of the wound were deeply pared, 3 shotted sutures introduced, and the edges brought together. Catheterism was performed twice daily, and the legs were tied together. In 9 days the sutures were removed, and in 16 the wound was closed along its whole line; in 46 days the patient was discharged.

In the second case the rupture had been caused in a first labour; it extended into the sphincter ani, and consequent imperfect control over her motions suggested examination. She was treated here as the first, and went in 18 days.

In the third case the rupture had existed 8 years, and had been caused at the birth of her second child. Subsequently she had been delivered of 2 children. The womb was prolapsed. She was treated as the others; the sutures were removed in 14 days, the wound was quite healed in 22, and in 36 she left the hospital.

In the simple case of vesico-vaginal fistula the injury had been caused in the birth

of a first child 6 months previously; on the night of delivery she had noticed that her urine passed per vaginam. Here the edges of the fistula were pared, and clamped sutures introduced; in 26 days she went cured.

In the single case of recto-vaginal fistula the aperture was extremely small. It had been caused in the instrumental delivery of a first child 7 months previously. Here the galvano-caustic wire was applied to the edges of the fistula, which then readily healed.

BURNS AND SCALDS.

Thirty-three cases were carefully noted during the year. To 5 of these carron-oil dressing was applied, to the rest whitening and vinegar; 4 of the former died, 8 of the latter. In the 5th case of carron-oil treatment the patient lingered in the hospital for more than 12 weeks. The maximum duration of any of the cases treated with whitening and vinegar was 8 weeks, and the average stay $3\frac{1}{2}$ weeks only.

The deaths occurred at the following times when carron oil was employed—in 26 hours, in 26 hours, in 2 days, in 4 days; when whitening and vinegar was substituted, in 20 hours, in 26 hours, 47 hours, 7 days, 8 days, 11 days, 15 days.

In 2 cases the kind of application was not noted, and death took place in 3 and 16 hours.

In none of the fatal cases was diarrhœa observed; in 1 urgent dyspnoea at the end of 7 days, to relieve which tracheotomy was fruitlessly performed; in 2 tetanus at the end of 8 and 11 days; in 1 exhaustion at the end of 15 days, were the immediate causes of death. In the remaining instances the result is set down to primary shock; thus, *all* of the fatal cases treated with carron oil were carried off in this manner, while of the 8 fatal instances in which whitening and vinegar had been employed one half survived for a considerable time, and died finally of some secondary mischief. The application of whitening and vinegar was the more grateful to the patient at the time, and later was unattended with the unpleasant odour which was invariably remarked when carron oil had been employed. Whitening and vinegar were this year employed as the rule.

NON-MALIGNANT TUMOURS.

Remarkable among the non-malignant tumours were—

A small fibrous tumour in the anterior wall of the vagina, occurring in the person of a woman, æt. 39. This growth was successfully removed.

An extremely large fibrous tumour of the prostate gland, rising up out of the pelvis, and giving rise to abdominal enlargement. It had been observed 8 months only; led to the death of the patient, a man, æt. 64, from 6 to 7 weeks after admission. A few small fibrous masses, similar in structure to the prostatic growth, were discovered in the lungs after death.

A hydatid tumour, situated to the right of the spine of a middle-aged man. Hydatids were discovered in the clear fluid drawn off by a trocar; the tumour had existed 1 month, and had been preceded by peculiar pains at its site for 6 to 8 months. He was cured by a removal of the walls of the cyst, which were soft and thick.

Death occurred in a woman, æt. 30, with a large fibrous tumour of the uterus, that had existed 15 months. To lessen symptomatic menorrhagia incision of the os

uteri was twice performed. After death the womb and its tumour were found to weigh together $8\frac{1}{2}$ lb.

A man, æt. 20, was admitted with a bulky hard tumour connected with the radius; the history pointed rather at something of an inflammatory origin. Upon operation for its removal the bulk of the tumour was found to be due to plastic effusion within the museles, the result of an irritating small radial sequestrum; this having been removed, the forearm rapidly assumed its normal bulk and aspect.

A man, æt. 25, had for 10 years observed a small tumour in the middle of his side, growing very painlessly and slowly; it had been preceded about 2 months by a blow with a stick, which caused a bruise. Before removal its nature was quite undetermined; after removal it was found to consist of a mass of quasi-erectile tissue, enclosing some 3 or 4 smooth, oval, white, hard bodies, like pebbles, and a few partially decolorised knobs of clot, which were evidently in process of conversion into the former.

An instance of chronic abscess of the thigh in the person of a widow, æt. 65, was taken to be malignant tumour. This opinion, derived from the physical conditions of the swelling, was encouraged by the cachectic appearance of the patient, due, as was subsequently learned, to a continued deprivation of healthy and adequate food.

In an instance of tubercular enlargement of the prostate gland of a boy, æt. 17, many of the symptoms of stone were observed; thus, a sound introduced into the bladder impinged upon a hard resisting body. Diagnosis was effected upon examination per anum.

AMPUTATIONS.

Twenty-six amputations were performed, 10 of them with a fatal result.

One of forearm, secondary; death from pyæmia.

Five of leg, all secondary; death from pyæmia in 3, from shock in 1. A single case recovered, and in this there was subsequent necrosis of the end of the tibia, so that the patient's stay in hospital lasted 210 days.

Seven of thigh, 5 secondary, 2 primary; 3 of the former died, 2 of shock and 1 of pyæmia; and in 1 of the recoveries there was subsequent necrosis of the end of the shaft. Of the primary cases, the subsequent removal of an extra portion of the shaft was required in 1, and death occurred in the other.

Two of the wrist; 1 primary, 1 secondary; the former made a good recovery; after the latter, which was performed for strumous disease, mischief of a similar nature began in the foot.

One Chopart's, primary, well in 58 days.

One Syme's, secondary, well in 125 days.

One Pirogoff's, secondary, well in 426 days.

One Hay's, primary, well in 39 days.

The 26 are made up by small operations on the fingers and toes.

In the case of Syme's operation a small slough formed in the outer angle of the posterior flap; when he left the stump was very sensitive, and he could not get about on crutches more than half an hour at the time from pain.

In the case of Pirogoff's 2 bits of necrosed bone were removed at the end of 5 months, and 2 months later a bit of os calcis was gouged away; when he went union

of the opposed surfaces was still infirm, and he wore an instrument designed to maintain their constant coaptation.

Amputation of the leg was performed once for senile gangrene of the foot; the patient, a man, *æt.* 65, never rallied in the slightest degree from the shock of the operation, nor were any evidences of reparative action discovered in the stump by post-mortem examination.

In the 2 cases of necrosis of the shaft after operation the amputation had been performed in perfectly sound portions of the limb, quite beyond the limits of existing suppurative action.

STRICTURE OF THE URETHRA.

Twenty-one cases of stricture of the urethra were treated, 4 with a fatal result.

In the first of the 4 fatal cases the patient, a navigator, *æt.* 30, had been the subject of stricture for 8 years; treatment had never afforded him more than temporary and partial relief. He was admitted with retention of urine. Perineal section was at once performed, and a catheter passed from the meatus urinarius down to the wound and into the bladder. For 5 subsequent days he did remarkably well, a catheter being retained in the bladder. On the sixth day a fresh instrument was introduced; in the evening of this day peritonitis set in, and on the ninth day after operation, and the third of the peritonitis, he died. Post-mortem examination disclosed the manner in which the peritonitis had very probably originated. At a point opposite the normal introduction-line of a catheter by the urethra there was on the posterior surface of the bladder a perforation of the mucous membrane, with some surrounding inflammation and inflammatory redness; in the peritoneal sac covering this aspect of the bladder 3 dark spots were discovered, looking as if they had been bruised; the membrane was unbroken, but inflamed.

In the second of the 4 fatal cases the patient, a porter, *æt.* 45, had been the subject of stricture for a long period. Ten years previously he had been treated at St. Thomas's, and 8 years previously perineal section had been performed. This time he was admitted with retention of urine and perineal abscess. Section of perinæum was at once performed, and by the wound pus at first, and then urine, escaped. An attempt made to complete the operation by the introduction of a catheter from the meatus into the bladder failed. He did fairly for 31 subsequent days, his urine escaping freely by the perineal wound. On the 31st day a further incision was made in the perinæum, with a view of furthering the introduction of a catheter; this could not be done. Eight days later symptoms of peritonitis were remarked, and on the 9th day from the secondary and 40th from the primary operation the man died. Post-mortem examination disclosed abscesses in connection with the posterior wall of the bladder, with the right ureter, and the prostate gland. An impassable stricture existed in front of the peritoneal wound.

In the third fatal case there was no history of old stricture, but 13 days previously to admission the man, a leather dresser, *æt.* 69, had suffered from retention. He was treated by catheterism, and died in 40 days. Post-mortem examination showed the urethra to be narrowed in its membranous portion; some renal and prostatic abscesses existed, spinal mischief was discovered, and his heart was soft and fatty.

In the fourth and last fatal case the man, *æt.* 69, had suffered from retention 14 days, and previously for some time from difficult micturition. Introduced catheters drew blood. The prostate gland was found to be enlarged, and some renal abscesses

existed; a false passage had been made through the prostate into the bladder. He died in 13 days, sinking gradually, like the third case.

I find the average age of the 21 patients to have been 42 years. In 10 of the entire number commencing diminution of stream was observed after an attack of gonorrhœa; in these the stricture appeared to be due to an encroachment of the urethral parietes upon the canal. In 4 of the remaining 11 cases the stricture was occasioned by an enlargement of the prostate gland.

Nine of the 21 cases had previously been under treatment for stricture at some hospital or other, and had been discharged apparently cured. In every case in which treatment had been adopted, and with good effect, its cessation had been attended with a renewal of the old symptoms.

In 6 of the 21 cases perineal section was performed, in 2 with a fatal result.

STRANGULATED HERNIA.

Nineteen cases of strangulated hernia were noted.

Nine of the patients were males, 10 females.

Five of the women suffered from right femoral hernia, 3 from left, 1 from umbilical and 1 from double femoral, of which the left alone was the subject of treatment.

Six of the males suffered from right inguinal hernia, 1 from right femoral, 2 from double inguinal, of which the left only was the subject of treatment.

Taxis relieved the patients in 7 of the admitted cases; operation was had recourse to in the remaining 12; 8 of the 12 recovered, 4 died—2 men and 2 women.

In the first of the 2 fatal female cases the rupture had existed 10 years, always easily reducible. Symptoms of strangulation preceded operation 10 hours, and were relieved at once by it. The gut was shiny and congested; about 30 hours later death followed a sudden collapse. Post-mortem examination disclosed a rent about 2 lines long in a congested portion of ileum, limited peritonitis, and presence in the peritoneum of a quantity of turbid fluid. The woman's age was 44.

In the second the patient was aged 70. Symptoms of strangulation had existed 3 days, and were relieved at once by operation; a truss had never been worn; the gut was dark. She did well for a limited time, then gradually sank. Death on the third day. Post-mortem examination showed peritonitis and suppuration in the hernial sac.

In the first of the fatal cases among the males the patient was aged 76 years. The gut was irreducible, the vermiform appendix, which had been diagnosed previously to operation, being down. Death took place by exhaustion on the eighth day. The bowels had been freely opened subsequently to operation, and the post-mortem examination proved that death did not result from strangulation of the gut.

In the second the patient was aged 73. Strangulation had existed 6 to 8 days. After the operation a hernia descended on the opposite side, but was reduced by the house-surgeon; vomiting continued, however, until death on the second day. The only congested portion of intestine discovered by post-mortem examination lay in the opposite iliac fossa.

In one of the cases of recovery symptoms of strangulation had existed 5 days; the gut was of a port-wine colour, and the patient did badly for 3 days, when castor oil was gently rubbed into the abdomen, the bowels were relieved, and improvement set in.

In a second case, of umbilical hernia, reduction had been effected about a month

previously, after the application of an ice-bag to the tumour for 2 hours. The cause of strangulation was found to be the twisting of some omentum round the gut.

The average age of the 19 patients was 47, the maximum 76, the minimum 13.

From the facts of the above-mentioned cases it would appear that the length of time during which the gut had been strangulated should only be of partial and relative influence in determining the prognosis; there is an instance of recovery after 5 days of strangulation, an instance of death with rupture of the intestine after only 10 hours of strangulation.

The average age of the 4 fatal cases was 66, of the eight successful cases 42.

DISLOCATIONS.

Four dislocations of the head of the humerus into the axilla were reduced; 1, 8 days after its occurrence; and 2, 3 weeks. In both muscular relaxation was procured by the administration of chloroform previously to the attempt.

One instance occurred of reduction of a dislocation of the head of femur into the sciatic notch; this was effected after the administration of chloroform, without the aid of pulleys, by simple extension and contemporaneous tilting of the head of the bone by a towel.

A dislocation of a semilunar cartilage of the knee-joint was overcome by simple flexion and manipulation.

A dislocation of the spine of the axis into the posterior rami of the atlas, caused 17 months previously by a blow upon the forehead, led to death 6 days after.

Four instances of dislocation of the acromial end of the clavicle were noted, and 1 of the sternal.

FRACTURES.

One hundred and eight simple fractures occurred, with 3 deaths only; 1 from delirium tremens, 2 from exhaustion 23 and 17 days after admission. The respective ages of the 3 patients were 44, 83, 75.

In all the instances of fractured patella, 5 in number, the fracture was ascertained to have been caused by muscular action.

Seventeen compound fractures of the extremities; 6 died of pyæmia, 3 after secondary amputation, 1 of delirium tremens. One of the cases of recovery remained in the hospital 8 months, the broken bone undergoing extensive necrosis.

UNUNITED FRACTURES.

Two cases, both of which were successfully treated.

In the first, a man, æt. 28, had, two years previously, sustained a compound fracture of the tibia and fibula, for which he was admitted into Addenbrooke's Hospital, Cambridge. Several small sequestra came away, the last a year and a half previously to his admission. He had never been able to walk since his accident.

An incision was made over the shaft of the tibia, where it was movable, and a

chisel rudely passed between the ends of the bones, which were found to be united by loose fibrous tissue only.

The limb was then put upon a Liston splint; in 38 days the wound healed up, a month later the limb was taken from the splint, and the bone found to be firmly united.

The second, a child, æt. $2\frac{1}{2}$, had been discharged hence with supposed union of a fractured femur, for which a long outside splint had been on during 30 days. A week later the child was readmitted with evident disunion; a gutta-percha thigh-piece was adjusted, and a long outside splint put on the limb. In 59 days union was found to be quite firm.

HÆMORRHAGIC DIATHESIS.

Three instances of this were admitted.

Two brothers, æt. $7\frac{1}{2}$ and 10. In the first a wound had been bleeding 3 days; it was compressed and bandaged, and gallic acid and iron given internally. The other was admitted with an abscess in the calf, which was opened with potassa fusa. All the brothers have the hæmorrhagic diathesis like their mother, while none of their sisters have inherited it. In a brother who was admitted last year the bleeding did not cease until after the internal administration of Acid. Sulph. dil.

The third instance was that of a man, æt. 31, admitted for abscess of the thigh. With him extraction of a tooth had given rise to dangerous hæmorrhage. Two brothers died in infancy from loss of blood. A cousin possesses the same diathesis; neither father nor mother possesses it.

SHOCK.

In 2 cases extreme shock led to death. In the first, that of a man, æt. 26, a large lacerated wound of the perinæum reached into the left hip-joint, and up into the buttock. One ilium was fractured. He died, without rallying, on the 10th day.

In the second, that of a middle-aged man, a lacerated wound reached from the elbow to the shoulder; the brachial artery had been wounded. Both it and some smaller arterics had been ligatured before his admission. He died, without rallying, in $3\frac{3}{4}$ hours.

FISTULA IN ANO AND HÆMORRHOIDS.

Eleven patients were submitted to operation for anal fistula. In all the operation consisted in throwing the sinus into connection with the bowel by division of the sphincter ani, and ensuring subsequent healing of the wound from the bottom. In all the operation succeeded.

External piles were destroyed in 4 instances; in 2 by the galvano-caustic wire, in 2 by ligature.

AMUSSAT'S OPERATION

Was once performed for the relief of a man, *æt.* 54, in whom cancer had occluded the bowel. The abdomen was much distended, and the operation was performed in the usual manner. Upon opening the intestine some very fetid fluid matter was evacuated by the wound. On the night of operation a quantity of faecal matter, similar to that which had escaped by the wound, was evacuated by the anus. In every point immediately connected with it the operation was eminently successful, but, bronchitis supervening, he died on the 24th day.

The wound in the loin was found, on post-mortem examination, to constitute a perfect artificial anus; to its edges the opening in the bowel was firmly adherent.

TREPHINING.

The skull was trephined in 2 instances without benefit.

In the first, that of a child, *æt.* 2, sloughing, with exposure of a portion of the frontal bone, had followed a scalp wound. Fourteen days after admission the child was convulsed, and 5 days later became comatose. Trephining was performed in two portions of the frontal bone; no pus was discovered between it and the dura mater; next day the child died. Post-mortem examination disclosed a little pus between the membrane and the brain, which was softened for a space.

In the second, that of a man, *æt.* 60, a scalp wound had exposed a portion of the left parietal bone. In 14 days the bone lay dry and bare at the bottom of the wound; in 27 days convulsions and coma, with palsy of the right side, followed rigors. The skull was trephined at the seat of wound, and some dirty fetid fluid escaped at once, and more when a bistoury was plunged into the cerebral substance. No perceptible relief was obtained, and 36 hours later the patient expired. On post-mortem examination a superficial thin clot was discovered, and softening of the greater portion of the left cerebral hemisphere.

ANEURISM AND LIGATURE OF ARTERIES.

Two cases of aneurism were surgically treated by ligature. The patients were aged respectively 32 and 27; the former being a male, the latter a female.

The man's aneurism had existed 5 weeks in the ham, caused, he believed, by severe exertion. A tourniquet was tried for 7 days, forced flexion for 13, and digital compression for 6 days; neither method was attended by any improvement in the condition of the tumour. Finally, the femoral artery was tied in its upper third; no pulsation was subsequently felt in the tumour, but in 4 days pulsation was perceptible in the posterior tibial artery. The ligature came away on the 22nd day.

In the woman the aneurism had existed in Scarpa's triangle for 10 weeks; she was a field-labourer, and accustomed to lift heavy weights. The external iliac artery was tied, but pulsation did not cease in the tumour, and for a time increased daily in strength. Pulsation was felt in the posterior tibial artery on the 14th, and the ligature came away on the 19th day. She remained in the hospital 9 weeks, pulsation still persisting in the tumour.

The radial artery was tied in a man, *æt.* 23, for wound of the forearm, involving its division; both proximal and distal ends were secured. He went in 17 days.

DELIRIUM TREMENS.

Four well-marked instances; all males. A history of intemperance was uniformly given.

The average age of the patients was 51 years. In 2 cases the disease had a fatal result. In the first the patient was admitted with a broken femur. As he seemed likely to be attacked by the disease, opium and stimulants were given from the beginning; in three days delirium was well-marked, and on the 8th day he died. He took in all gr. xij Extr. Opii, and ʒix Liq. Morph. Post-mortem examination showed the cerebral substance to be congested, as well as the membranes; the subarachnoid and ventricular spaces contained more than the usual quantity of serum; the heart was large, pale, and flabby.

In the second the patient was admitted with a compound fracture of the tibia and fibula; he was delirious when admitted, and died in 30 hours. He took in all 250 minims of laudanum and 70 minims of Liq. Morph. As in the last case, the pupils became very contracted. Post-mortem examination disclosed similar morbid conditions, and the heart was decidedly fatty.

In the 2 cases which recovered the patients were admitted with fractured femur. In one the disease began 3 days after admission, and left him in 48 hours. Morphia, in small doses, and stimulants were given.

In the second delirium supervened on the 4th day after admission, and continued, off and on, for 6 weeks. Subsequently to his complete recovery he stated that these 6 weeks were altogether gone from his memory, and yet many times during them he conversed sensibly. He took in all gr. xij Extr. Op., ʒxij Tr. Opii, ʒxvij Liq. Morph. His pulse was peculiar throughout; at first it was jerky, then irregular, then intermittent; the irregularity seemed directly proportioned to the amount of opium exhibited on any given day.

RESECTIONS.

Five resections of the knee-joint were performed; 4 were successful, in 1 subsequent amputation of the thigh was required.

1. Male, æt. 19; deformity at knee; little active disease in the joint; splint left off in 55 days, and in 90 days the leg strong and firm.
2. Male, æt. 13; little active disease; firm union in 63 days; went out in 150.
3. Male, æt. 3; extensive disease; went out in 101 days.
4. Male, æt. 10; extensive disease; subsequent abscesses; sore over sacrum, and extreme debility; went out with an infirm leg in 248 days; able 6 months later to get about without crutches.
5. Male, æt. 12; bones united improperly, and limb being useless, amputation in 3 months.

The average stay in the hospital, therefore, of the 5 cases was 147 days, the minimum 90, and the maximum 248.

In 1 case, as a substitute for resection, a sequestrum was removed from the head of the tibia, and the leg retained in a splint, with an ice-bag over the knee. The patient, a boy, æt. 7, went out in 6 months, able to walk painlessly, and with his knee ankylosed at a flexion angle of 155°.

In 1 case a joint flexed at an angle of 55° was extended, under chloroform, after

division of the tendon of the semi-tendinosus musele. Subsequently the extension was continued until it was nearly complete. The boy remained under treatment 7 months. Extension caused pain, but no lasting mischief at the knee.

OPERATIONS FOR THE CURE OF VESICAL CALCULUS.

Ten cases of stone in the bladder were submitted to surgical treatment; 3 to lithotripsy, the remaining 7 to lithotomy.

In the first case of lithotripsy death resulted in 24 days, after an unsuccessful attempt to crush the stone; the symptoms of cystitis, sympathetic diarrhœa, and heetie, led up to death.

In the second case an attempt to crush the stone was ineffectually made, and the patient went out unrelieved.

In the third case the stone was extracted through a previously dilated urethra, and its nucleus was found to be a hairpin. The patient, a girl, æt. 20, had, subsequently to the operation, a difficulty in holding her urine; this difficulty had only very partially been surmounted by galvanism, when she left at the end of 6 weeks.

Death resulted in 1 only of the cases of lithotomy, that of a strumous big-bellied child, æt. 2. He lost much blood during the operation, and died in 4 days. It was observed that the stone removed from the bladder had a small incrustation of phosphates, while in the instances of the other children the removed stones were quite smooth and hard.

The average age of the 7 patients was 7 years, the maximum 18, the minimum $1\frac{1}{2}$; the longest interval of time from operation to complete closure of the perineal wound was 40 days, the briefest 17, the average 26.

The heaviest stone weighed 2 drachms, and was taken from the bladder of the eldest patient; it was oxalate, coated with some phosphate of lime. The lightest stone was removed from the child, whose wound closed in 17 days, and weighed a few grains only.

In 1 instance, that of a boy 11 years old, 2 stones, weighing about 2 drachms each, were removed.

The shortest time in which all the urine passed permanently by the urethra was 6 days, the longest 13, the average 9.

In 2 cases the urine passed by the urethra for a few hours a day or so after the operation, and then again by the wound.

1865.

INJURIES.

Contusions.—Slight 65; C. 59, R. 6. Severe without complication 19; ~~C.~~ 17, R. 2. Severe with complication 2; C. 1, D. 1.

Concussion.—Brain 18; C. 17, R. 1. Spine 5, C.

Fractures (simple).—Skull 4, C.

In 2 instances recovery from depressed fracture.

Facial bones 2, C.

One of nasal bones, 1 of superior maxilla.

Lower jaw 4, C. Vertebrae 4, D.

Ribs 32; C. 29, R. 2, D. 1.

Death from injury to the lung.

Scapulæ 4, C. Clavicle 7, C. Humerus 4, C. Radius and ulna 4, C. Pelvis 1, C. Femur 37; C. 35, R. 2. Patella 8, C.

Tibia 10; C. 9, D. 1.

In the fatal case delirium tremens.

Fibula 32, C.

Tibia and fibula 45, C.

In 1 case ununited fracture.

Several bones 6, C.

One of femur and radius, 1 of rib and inferior maxilla, 1 of both clavicles, 1 of rib and radius, 1 of tibia and fibula on both sides, 1 of femur and radius.

Fractures (compound).—Skull 5, D.

Humerus 2; C. 1, D. 1.

In the fatal case amputation for fracture into the shoulder-joint.

Radius and ulna 1, C.

Primary amputation of the arm in this case.

Carpus and metacarpus 3, C. Femur 1, C.

Tibia and fibula 17; C. 12, D. 5.

Pyæmia in 3, delirium in 1, bronchitis in 1, caused death.

Tarsus and metatarsus 1, C. Several bones 1, C.

Dislocations.—Femur at hip 2, C.

One of the femur inwards, the other of the femur on to the dorsum of the ilium.

Other 6; C. 5, D. 1.

Dislocation of astragalus forwards in 1 case, of semilunar cartilage in 1. Disloca-

tion of the pelvis in the case of death; of the radius forwards at elbow in 1 case, in 2 of the acromial end of clavicle.

Wounds (simple).—Slight (incised and punctured) 14, C.
One bayonet wound.

Scalp 53; C. 47, R. 3, N. R. 2, D. 1.
One fatal case from pyæmia.

Throat 3, D.

Severe (*i. e.* contused, lacerated, poisoned, &c.) 32; C. 28, D. 4.

One death from tetanus, 1 from pyæmia, 2 from collapse. Five horse-bites, 2 adder-bites 1, rat-bite 1, dog-bite (followed later by hydrophobia), 1 bullet wound, 1 gunshot wound.

Complicated 2, C.

In 1 wound of the radial artery, in the other of the ulnar, the complication.

Sprains.—21; C. 19, R. 2.

In 1 rupture of the ligamentum patellæ.

Injuries to the eye.—6; C. 4, R. 2.

In 2 rupture of the cornea, with (in 1) displacement of the lens.

OPERATIONS.

Lithotomy 7, C.

In 1 case urethrotomy.

Lithotrity 1, R.

Disarticulation at the shoulder-joint 1, D.

Death from shock and gangrene.

Amputation of arm 2; C. 1, D. 1.

Death from pyæmia.

Amputation of hand 1, C.

Amputation of finger, fingers, or parts of hand 6; C. 5, D. 1.

Died of cerebral disease, which was only slightly developed upon his admission.

Amputation of leg 4; C. 1, D. 3.

Two died of pyæmia; 1 of secondary hæmorrhage, for which ligature of the femoral artery was performed.

Amputation of thigh 6; C. 4, D. 2.

Amputation of foot and toes 5, C.

One Pirogoff's.

Excision of knee-joint 6; C. 5, D. 1.

Death from pulmonary apoplexy.

Excision of elbow-joint 1, C.

Operations on bone (carious, necrosed, &c.) 25; C. 22, R. 2, D. 1.

Death from pyæmia.

Removal of tumours, innocent 13, C.; malignant 4, C.

Ligature of arteries 5; C. 3, D. 2.

In 1 of radial, 1 of ulnar, and 1 of facial, recovery. Death in 2, ligature of femoral.

Hernia, reduction of by taxis, 7, C.

By operation 20; C. 16, R. 1, D. 3.

In the instance of relief fæcal fistula remained in the groin.

Perineal section 2, D.

In 1 fatal case pyæmia, in the other renal disease.

Anal fistula, fissure, &c., 17; C. 16, R. 1. Hæmorrhoids 9; C. 8, R. 1.

Hydrocele 14; C. 12, R. 2. Phimosis 3, C. Tenotomy 2; C. 1, R. 1.

Plastic 1, R. Fissure of the palate 2; C. 1, R. 1. Strabismus 2, N. R.

Salivary fistula 1, C. Trichiasis 1, C. Iridectomy 3, R. Other operations upon eye 5 C.

Tracheotomy 2, D.

In 1 case for dyspnœa the expression of coma, in 1 for dyspnœa after cut throat.

Trephining 1, D.

CAUSES OF DEATH IN THE SURGICAL CASES.

Primary shock, 19. Hæmorrhage, continuous, 2; recurring, 1; secondary, 1. Gangrene, acute, 1. Septicæmia (pyæmia, &c.), 12. Hectic, 9. Delirium tremens (or other delirium), 2. Tetanus, 2. Hydrophobia, 2. Peritonitis, 4. Tuberculosis (chiefly in lungs), 5. Broncho-pneumonia, 3. Lesion of brain and spinal cord, primary, 8; secondary, 3. Of other viscera, primary, 1. Renal disease, co-existing, 2. Dead upon admission, 1. A mixture of causes, or causes not well explained or defined, 6. Cancerous cachexia, 4. Heart disease, 1.

PYÆMIA, 1865.

In 5 cases the life-symptoms could be confirmed by post-mortem inquiry. In a sixth the constitutional life-symptoms of pyæmia were borne out by the local evidence of external secondary purulent deposits, but an autopsy was refused. In a seventh case the constitutional symptoms stood alone, and an autopsy was refused.

In the 5 cases in which pyæmia was declared both by the symptoms and by post-mortem examination suppuration in connection with exposed bone was the most striking antecedent. The average date of death was the 13th day, the earliest the 7th, the latest the 33rd. In all, pyæmic deposits were found in the lungs. The average age of the patients was 14 years; the youngest was 8, the eldest 20.

The first case of the year occurred in the accident ward, March 15th, the last previous case in the ward having terminated August 15th, 1864.

The second case of the year occurred in King's Ward, May 3rd, the last previous case in this ward having terminated September 4th, 1864.

In the 6th instance referred to above the patient, a man *æt.* 60, submitted to primary amputation of the leg; on the ninth day rigors were observed, on the 18th death resulted.

In the seventh instance above referred to the patient, a man *æt.* 60, was cut in the perinæum February 21st; a catheter was introduced by the wound March 16th; rigors were observed on the 24th, and death resulted April 1st.

OPERATIONS FOR FISSURE OF THE PALATE.

This operation was twice performed, once successfully, once unsuccessfully. The levator palati was, in both cases, divided by Pollock's plan; and in the first case the palato-pharyngei were also cut through, but not in the second case, as they were not tense.

In the first case the fissure extended into the hard palate; in the second it did not.

In the first there was good union of the velum on the 32nd day; in the second the patient went out on the 11th day unimproved.

CUT THROAT.

Two deaths. One on the day of admission, from loss of blood. One on the 3rd day, from suffocation, tracheotomy failing to relieve it. In this case the wound opened the larynx; in the first it did not, being quite superficial.

HYDROPHOBIA AND ANIMAL POISONS.

Two cases; the patients men, *æt.* 42 and 44. The former had been licked on his face (which was sore), some 6 weeks previously, by a 'pet' dog of his own, which, subsequently becoming "queer," was drowned. Four days before admission he began to be uneasy, restless, and bad-tempered, and suffered much from priapism. He was admitted with the usual symptoms of hydrophobia, and died in 12 hours. Treatment had been the application of ice-bags to the spine, the maintained inhalation of the vapour of chloroform, and the injection of stimulant and nutritive enemata, with opiates. Post-mortem examination showed a dark semifluid condition of the blood in the heart and larger veins; congestion of the tongue, submaxillary glands, and pharynx; a flaccid state of the diaphragm. The nervous centres and nerves were unexamined.

The second had been bitten, 24 days previously, in the upper eyelid, by a "quiet" dog, with which he was playing, the subsequent fate of which could not be ascertained. With this wound he was admitted into the accident ward, and nothing was done beyond the application of simple dressing. At the end of 8 days he was discharged.

Upon his return he manifested the usual symptoms of hydrophobia which had existed some 16 to 18 hours. In 19 hours from the time of his admission he died. He was treated by the inhalation of chloroform, the application of ice-bags to the

spine, and the subcutaneous injection of morphia. He was fed through an œsophagus-tube, and the introduction of food by it into the stomach did not appear to cause him any distress. The larger veins were found, after death, to be full of dark treacly blood, and the larynx and trachea contained some viscid frothy mucus.

Five cases of recent horse-bite, 4 of which were followed by more or less extensive erysipelatous inflammation and abscess.

Two cases of recent snake-bite, in which pain running up to axilla from the wound (of thumb) and œdema of the arm were observed *half a minute* from the infliction of the bite. No grave symptoms resulted, and the pain, &c., left them in 2 or 3 days.

One case of supposed rat-bite, a month old, was followed, at the end of a week, by peculiar and unexplained nervous symptoms, repeated at intervals, prior to admission. These symptoms were very like those of remittent fever, but in the intervals he was quite well, except for what he describes as being "horrible" nervousness. His aspect was that of a person suffering from advanced phthisis or prolonged suppuration. No organic disease was discovered. On the thumb the scar of a small wound was seen.

OPERATIONS UPON THE EYE.

Among these were included iridectomy in 3 instances, division of the internal recti muscles for strabismus in 2, crushing of the lens in 1, extraction of lens in 1, evacuation of aqueous humour in 1, removal of the anterior portion of the capsule of lens in 1, circumcision of the cornea in 1, destruction of the hair-bulbs for trichiasis in 1.

OPERATION FOR THE CURE OF SALIVARY FISTULA.

A man, æt. 37, admitted with an opening in the middle of right cheek, by which saliva was discharged. An opening made in the parotid duct within the cheek, posteriorly to sinus; after this a diminished quantity of saliva escaped by sinus, which was closed by dissecting back about one sixth of an inch from it, in the direction of the parotid duct, and bringing the edges together. In 48 days the wound was firmly closed.

STRANGULATED HERNIA.

Twenty-five cases were treated during the year; 17 males, 8 females. Their average age was $40\frac{1}{2}$ years, the maximum 76, the minimum 1.

Of the 17 males 13 suffered from strangulation of a right inguinal hernia, 4 from that of a left.

Of the 8 females 6 suffered from right femoral hernia, 1 from left femoral, and 1 from right inguinal (labial).

Of the 17 males 13 were submitted to operation, in the remaining 4 instances taxis in a warm bath proved sufficient for the reduction.

Of the 13 cases of operation in the male subject death resulted in 1 only.

Of the 8 females 7 were submitted to operation, taxis having proved successful once, in the instance of right inguinal hernia.

Of the 7 cases of operation in the female subject death resulted in 3.

With a total, then, of 20 operation cases, we have 4 deaths, or 20 per cent.

The single fatal case among the males was an old man of 75. Symptoms of strangulation of a right inguinal hernia had existed 8 days. The sac was opened, and the gut, which was highly congested after division of the stricture at the neck of the sac. Symptoms of local peritonitis followed on the fourth day. At the post-mortem examination the intestines were found matted together in the right iliac region, and limiting an abscess in connection with the sac. A definite portion of the colon was quite dark.

In the first of the fatal cases among the females the patient, æt. 63, had suffered from symptoms of strangulation of right femoral hernia 4 or 5 days. The sac was opened, and congested gut returned. Temporary relief ensued. On the same night the bowels were very freely opened, and sickness, collapse, and abdominal tenderness marked the case till death on the third day. On post-mortem examination peritonitis was observed.

In the second fatal case, that of a woman, æt. 46, symptoms of strangulation had existed 4 days. The sac was not opened, and partial return only was accomplished; a very fetid odour proceeded from the opening. Subsequently the bowels were very loose, and the evacuations fetid. Death occurred on the 3rd day. A portion of the ileum was found to be gangrenous.

In the third case, that of a woman, æt. 49, vague symptoms of strangulation had existed 14 days, marked symptoms 4 days. Sloughing gut was discovered on operation; she lived 19 days with fæcal fistula.

The shortest period of stangulation associated with subsequent death was 4 days; the longest period of strangulation associated with subsequent life was 3 days. But in the case of a man whose gut had been strangulated only 2 days, sloughing, with the formation of fæcal fistula, resulted.

A woman, æt. 27, was in the hospital 14 days with ventral hernia; the protrusion had existed 6 weeks at the site of a wound made 6 months ago for ligature of the external iliac.

Fæcal fistula resulted in 2 of the cases of hernia, in 1 from the first, the patient dying on the 19th day; after death it was found that the continuity of the gut was completely interrupted at the seat of fistula, and that the intestine above was congested and much distended.

In the second case the fistula was not established until the 10th day, and closed of itself in the 9th week, the patient having been kept in bed; meantime he had suffered many colicky attacks, relieved invariably by aperient enemata, which brought away lumps of solid fæcal matter. He became hectic, seemingly from chest complication; altogether he remained in the hospital 137 days.

CALCULUS.

Eight cases of stone during the year; 7 vesical, 1 urethral. Lithotomy was performed 5 times, urethrotomy once, lithotripsy once. One patient, æt. 6, died 7 days from admission, before it was thought safe to operate. All of the 8 were males.

Lithotripsy was performed for the relief of a man, æt. 66, who had suffered from symptoms of stone 12 months, and who had once previously (4 months since) submitted to the same operation. Much grit had come away, but the former symptoms

had speedily returned. A fragment of stone was seized and crushed, and next day he went.

Urethrotomy was performed for the relief of a man, *æt.* 38, who $2\frac{1}{2}$ years previously had noticed a small hard lump on the inferior surface of his penis, in the track of the urethra, and had subsequently suffered much from the obstruction. By operation a fusiform stone was extracted, and a catheter being retained in the bladder the wound readily healed; he went in 27 days.

One case of lithotomy was performed for the extraction of a bit of bougie left in the bladder upon the accidental fracture of the instrument some 3 weeks previously. The patient, a man, *æt.* 34, had suffered much in consequence, bits of bougie having been at times washed out by the urine cutting the urethra; 40 days after admission the operation was performed, as the man appeared to be in great distress. A bit, bent so as to form a ring, and slightly incrustated with phosphates, was removed. Little subsequent pyrexia. In 4 days urine by urethra; in 27 days he went.

The ages of the remaining 4 patients were $3\frac{1}{2}$, 6, 13, and 17 years. The urine passed by the urethra wholly and permanently in an average period of 14 days, the maximum being 18, the minimum 11 days. The wounds were closed at an average period of 36 days, the minimum being 30, the maximum 41. In the patient *æt.* 17 the stone was a mulberry, and incrustated; in the patient *æt.* 13 lithate, a little incrustated; in the 2 younger patients lithates, not incrustated.

In the first only was there much constitutional disturbance and some early local hæmorrhage, readily checked by the use of a catheter plug.

DISLOCATIONS.

Eight cases were noted. In 1, which proved fatal on the third day from compression of the cervical tract, the patient, a woman, *æt.* 68, had been thrown violently from a vehicle on her head. She was treated in the hospital for nothing further than a fracture of the lower jaw, and, being allowed to get up, expired suddenly as she was eating an orange. Post-mortem examination showed that the connections of the axis with the third cervical vertebra had been so loosened that free movement of the former forwards upon the latter was possible, and this movement was seen to have occurred, for the spinal cord at this level had been broken and destroyed.

The clavicle was dislocated outwards upon the acromion in 1 case, and backwards upon the acromion in a second; in both the cause of the displacement had been direct violence.

In 1 case the semilunar cartilage was dislocated at the knee-joint; the accident had occurred once before; reduction was easily effected.

In 1 case, that of a man, *æt.* 52, the head of the right femur was displaced upon the dorsum ilii; it was reduced on the following day under chloroform by manual extension and the use of a towel.

In 1 case, that of a man, *æt.* 44, who had pitched from a height upon his foot, the astragalus was displaced forwards; reduction was accomplished under chloroform.

In 1 case, of a lad, *æt.* 15, dislocation of the right femur had occurred inwards at the knee. It was reduced without chloroform. The cause of the displacement had been a violent twist of the limb.

LIGATURE OF ARTERIES.

1. A man, *æt.* 26, submitted, October 4th, to ligature of the femoral artery in Scarpa's triangle for aneurismal tumour in the middle of the thigh. Two and a half hours after the operation pulsation was distinct and full in the tumour. On October 9th hæmorrhage occurred from the wound, and the external iliac artery was tied; some hæmorrhage, which still continued, was checked by pressure below the wound. On the 12th cerebral symptoms were observed, on the 13th hemiplegia, on the 14th death. Upon post-mortem examination it appeared that the femoral artery had given way at the seat of ligature; above, the end of the vessel was securely closed by adherent clot; below, the end was only partially closed. The internal circumflex artery was found to come off from the main femoral trunk about $\frac{3}{4}$ in. above the seat of ligature. The epigastric artery had been wounded in the operation for the ligature of the external iliac, and the divided ends both secured. On the cardiac valves were some recent fibrous deposits; a large branch of the right middle cerebral artery was found blocked by a fibrinous plug, and the portions of the brain supplied by it were in a condition of inflammatory disorganization.

2. In a woman, *æt.* 22, the proximal and distal ends of the ulnar artery were tied at the wrist for wound. She went in 16 days.

3. In a man, *æt.* 26, the facial artery was tied below the jaw for a traumatic aneurism, of 5 weeks' duration, over the jaw. He went in 4 days.

4. In a man, *æt.* 20, the femoral artery was tied for secondary hæmorrhage at the stump of an amputation; death occurred in 2 days. In the operation the femoral vein was accidentally wounded, and tied on both sides of the wound.

5. Readmission of a woman, *æt.* 27, for whom, 6 months previously, the external iliac artery had been tied. She was quite unable to work, for cardiac palpitation and coincident vertigo. The first sound of the heart was almost completely usurped by a loud bruit. The tumour was not noted as pulsative.

BLEEDING FROM THE EAR.

The following evidence is furnished by the cases of the year respecting the value of the symptom; whether it is, or is not, in "99 cases out of a hundred" (as was recently stated by a London Hospital surgeon), under certain conditions, indicative of fracture of the base of the skull.

1. A man, *æt.* 63, had been thrown from his vehicle, and was admitted with fracture of right horizontal ramus of lower jaw and of a rib. There was considerable bleeding from within the left meatus auditorius, which continued for some hours, and was followed by serous oozing. No cerebral symptoms were at any time observed. He went on the 15th day from admission.

2. A man, *æt.* 24, had been damaged on the railway. He was admitted with a compound undepressed fracture of the left parietal bone. In the right nostril was some coagulated blood, the right upper eyelid was black, from the left meatus auditorius externus a little blood came. He vomited much blood shortly after admission. He was restless and almost completely unconscious at first, but at the end of 8 days answered questions, and in 53 days went.

3. A man, æt. 45, was pitched from a waggon. He was quite sensible on admission. From the right meatus auditorius externus small quantities of blood came during the day, and serous oozing followed in small quantity.

4. A man, æt. 34, thrown from a pleasure-van. Unconscious on admission and for half an hour, then had convulsions; afterwards pain in the left side of his head, paralysis of left side of his face, including orbicularis palpebrarum. Bleeding from left external meatus, which lasted 2 hours, and was followed by serous oozing; afterwards quite unable to hear with his left ear. Went in 51 days.

From the facts of the above cases, and especially from 1 and 4, it seems to be a fair inference, either that fracture of the base may be unattended by dangerous symptoms, or that *free* hæmorrhage from the meatus auditorius, followed by serous oozing, may occur irrespective of a fracture of the base.

BURNS AND SCALDS.

Forty-three cases of recent burns or scalds were noted. Death followed in 15 cases. The shortest time which any patient survived admission was 5 hours, and the latest period at which any patient died was the 10th day, the average hour of death being the 82nd.

The most general cause of death was shock; but in 4 cases, the times of whose deaths were the 5th, 7th, 8th, and 10th days, respectively, the fatal result was, in the first, due to violent vomiting; in the second, to bronchitis; in the third, to dyspnoea; and in the fourth, to bronchitis. In 1 only of the cases of recovery, and in none of the cases of death, was diarrhœa a notable feature.

In 9 of the 15 fatal cases the cutaneous lesions had been dressed with whitening and vinegar, and in 3 with bread poultice. The application was not noted in the remaining 3 cases.

All the cases of recovery were treated with applications of whitening and vinegar, except 3, where carron oil was substituted.

It happened that 9 men were burnt and scalded to nearly equal extent at the explosion of a gas factory, and were admitted shortly after. Whitening and vinegar were ordered for the first 6 that arrived; to the remaining 3, who were admitted a little later, carron oil was applied. The 6 left the hospital after an average stay of 18 days; the 3 after an average stay of 24 days.

Death occurred after a scald of the fauces, in an infant, within 2 hours.

MALIGNANT DISEASES.

Eighteen such during the year. The maximum age 66, the minimum 31; of the 18, 4 died in the hospital.

Ten women, 8 men; of the women, 8 had scirrhus mammae, 1 some tumour of the abdomen, and the 10th epithelioma linguæ; 5 of the breast cases were successfully treated by extirpation, 3 were discharged unrelieved; for the patient with abdominal tumour nothing was done; the woman with epithelioma died.

In 2 of the men, epithelioma linguæ, 1 went unrelieved, the other died; epithelioma of the glottis in 1 and cancerous ulceration of the chest in another, both of whom went unrelieved; encephaloid tumour of the prostate in 1, who died in the hospital on the 11th day; epithelioma of the prepuce and glans penis in 1, for whom extirpation was

unsuccessfully performed; quasi-epithelioma of the scrotum, with affection of the testis, in 1, for whom removal of the involved portions was accomplished; lastly, recurrent fibroid tumours in 1, who died in the hospital.

In both the cases of epithelioma among the males the patients had been in the habit of smoking excessively with short clay pipes. One said his disease began as a "crack," after a bout of extra smoking; the other, that his began as a "blister," after a similar indulgence. The man with cancer of the cheek, too, attributed his disease to pipe-irritation.

In 11 of the 18 cases it was pretty certainly made out whether there was any cancer in their families or not; 10 knew neither kinsman nor kinswoman that had ever suffered from cancer; two aunts of the 11th had died of mammary cancer.

In 5 cases out of the 8 of mammary cancer the occurrence or non-occurrence of a blow, &c., was ascertained. In 3 a blow had, in 2 a blow had not, preceded the development of the tumour. The wife of the man with epithelioma præputii was quite well.

AMPUTATIONS.

Twenty-six amputations were performed, 9 with a fatal result.

Six of the thigh; 4 recoveries, 2 deaths.

Of the 4 recoveries, the average stay of the patients in the hospital was 131 days, the maximum 183, the minimum 108. In 3 of the 4 cases there was subsequent necrosis of the lower end of the shaft of the femur, the necrosed portion having been brought away on the 67th, 70th, and 151st days respectively. In the 4th case an extra and redundant 2-inch portion of the shaft was sawn off on the 41st day. Two of the 4 were primary amputations for injury, 2 secondary, 1 for acute suppuration in the knee-joint, 1 for long-standing chronic mischief of the same joint.

In the 2 cases of death the patients were women, æt. 49 and 50. In the first the operation was performed for old-standing and recently suppurative disease of the knee-joint; in the second for anomalous enlargement of the lower extremity, with dropsy of, and osseous deposits in, both hip- and knee-joints. Neither rallied completely from the shock of operation, the first dying on the 9th, the second on the 10th day.

Five of the leg; 4 deaths, 1 recovery.

Of the 4 deaths, 1 occurred on each of the following days—8th, 15th 17th, and 23rd. In 1 the operation was primary, for injury; in 3 secondary, (*a*) for suppuration in connection with compound fracture, (*b*) for secondary hæmorrhage in connection with compound fracture, (*c*) for old-standing disease of the tibia; in *a*, the cause of death was continuance of suppuration in knee-joint and thigh; *b*, bronchitis and delirium; *c*, secondary hæmorrhage on the 13th day, for which ligature of the femoral artery, death occurring on the 15th day. In the case of primary amputation with a fatal result the cause of death appeared, from the symptoms, to be pyæmia. Permission to examine the body was refused.

In the single case of recovery the operation had been undertaken for chronic disease of the ankle-joint; secondary hæmorrhage occurred on the 6th day, and was checked by the use of a tourniquet. The patient went out on the 83rd day.

One primary disarticulation at the shoulder. Death from the shock of injury and of operation on the 8th day.

One primary amputation of the wrist, followed by retraction of the flaps and

exposure of the ends of the bones, with consequent necrosis and separation, on the 36th day. Went on the 72nd day.

Two of the upper arm. In 1, death on the 10th day, from pyæmia; in the second, convalescence and discharge on the 36th day.

One Pirogoff's, for tarsal disease; union of the osseous surfaces, so that there was not the slightest separate mobility of them, on the 159th day, to which date a supporting splint had been worn. Sinuses remained, however, and on the 284th day the posterior projecting edge of os calcis was sawn off. Still sinuses did not close, and it appeared, upon examination on the 344th day, that the bones were only partially united; a small hollow, with seemingly healthy walls, existed in the middle. On the 411th day the patient was sent to Margate.

In 8 cases amputation of one or more fingers. In 1 case death followed on the 11th day from the persistence or, rather, aggravation of cerebral symptoms existing upon admission, melancholia, sullenness, &c. After death a clot was found in the right internal carotid artery, close to its division within the cranium.

In 1 case the great toe was amputated for gangrene, and in 1 the four smaller toes for injury.

FISTULA IN ANO AND HÆMORRHOIDS.

The sphincter ani was divided in 16 cases, either for fistula or fissure of anus, in every case with a successful result.

External piles were ligatured in 5 instances, and removed by the galvano-caustic wire in 2, without untoward consequences.

Of the 23 patients, 12 were women, 11 men; the maximum age 69, and the minimum 4.

RESECTIONS.

Six excisions of the knee-joint and 1 of the elbow-joint were performed.

One of the former alone was attended with a fatal result, attributable to the operation. The patient, a nervous unhealthy looking man, æt. 35, had suffered from mischief in the knee, which had originated in a sprain, for 4 years. The disease was found, upon operation, to be slight and inactive; subsequently the wound assumed an unhealthy aspect, and discharged thin fetid pus very plentifully. Bronchitis set in with aggravated dyspnoea, and on the 42nd day he died. Upon post-mortem examination no union was found between the bones, and the head of tibia was deeply necrosed. In the lungs was a very large clot of effused blood.

The average age of the 6 cases was $21\frac{1}{2}$ years, the maximum 36, the minimum 3. In the 5 cases of recovery the average stay (after operation) was 201 days, the maximum 657, the minimum 127.

In the instance of longest stay the patient was a healthy looking lad of 14 years; slowness of convalescence was due to the difficulty found in keeping the axes of the bones well in a line; 2nd, the femur got so far in front that had firm union occurred the limb would hardly have been a useful one; twice the limb was, consequently, re-extended under chloroform, and the last extension being maintained, firm union resulted.

In neither of the cases was it an easy task to retain the axes of the bones well in a line,

In 4 of the 6 cases the disease for which the operation was performed was found to be slight; in the number of the 4 are included (*a*) the case of death and (*b*) the case of longest stay.

In the single case of resection of the elbow-joint the man, *æt.* 47, went out in 12 days with his wound closed.

In 1 case, that of a girl, *æt.* 10, the head of the tibia was simply removed, and subsequently some adjacent carious bone gouged away. The girl was sent to Margate 64 days from the second, 155 days from the first, operation.

One case of old excision was readmitted. The patient, a boy, *æt.* 14, had the operation performed upon him 5 years since, at the old hospital. After having been kept in bed for a year, he had been able to get about with a stick. Now the knee was painless and firmly ankylosed with the axis of the femur, anterior to that of the tibia, and making with it a flexion of 155° .

TETANUS.

Two instances of this disease occurred, and both had a fatal issue.

1. A man, *æt.* 34, three or four weeks ago had slightly wounded his thumb; the wound healed rapidly enough, and he had since remained without any uneasy sensations in it. Six days previously to his admission he was for a long time exposed to damp and cold; on the following morning trismus set in about the jaw and neck. When admitted tetanus was generally and strongly developed. The features of the case were continued muscular rigidity, varied by frequent paroxysms of intense contraction. Intellect remained clear until near the termination of the case, when the slight observed mental disturbance may be set down to the account of exhaustion complicated by the physiological action of the exhibited drugs. He took *Tr. Aconit.* *℞xxx* in the beginning; subsequently 11 drachms of *Liq. Morphiae*, 4 drachms of *Liq. Opii*, and 830 minims of tincture of Calabar bean. This treatment was spread over the 6 days he lived subsequently to admission. The salient points of the post-mortem examination was the existence of a small cicatrix over the matrix of the left thumb, recent ecchymoses in the substance of the pectoral and psoas muscles, and thickening and semi-opacity of the arachnoid membrane, with escape of fluid in the subarachnoid and ventricular spaces.

2. A man, *æt.* 28, was admitted with bruising and laceration of the second and fourth toes. Ten days subsequently to the infliction of the wounds tetanus set in, with spasms about the throat. He lived 53 hours from the commencement of tetaniform symptoms, during the first 17 of which ice-bags were maintained to the spine, and for the remaining 36 injections of morphia, which produced sleep and a respite from spasms, were persevered with. In the post-mortem examination the only noteworthy feature was congestion of the brain.

FRACTURES.

Two hundred and twenty-nine cases of fracture.

In 2 cases of simple fracture of the tibia and fibula refracture at the old site occurred at the end of 6 weeks, on the first attempt of the patients to put their legs to the ground.

One remained under treatment 97 days subsequently, the other 49 days. The latter, a man, *æt.* 47, seemed to be the subject of abnormal fragility in his bones, for he had twice broken his leg in the easiest manner—mistaking one step for two. He was neither strumous nor syphilitic.

Three cases of fracture of the ilium, 2 with a fatal result. In neither of these 2 fatal cases was there any visceral injury, the patients dying of simple shock on the day of admission. The thermometer put in the axilla of 1 indicated a constant temperature of 80° F.

Six fractures of the patella. In these the fracture was certainly due to violent muscular action in 2; less certainly to direct violence in 1 (which was an instance of refracture to a combination of violence with muscular action).

Four fractures of the scapula, more or less obliquely transverse, below the spine, the result of direct violence.

In 2 cases only of simple fracture of a bone of the extremity did death result; 1, a man, *æt.* 75, on the 27th day, from exhaustion; the second, a brewer's drayman, *æt.* 38, on the 4th day, of delirium tremens.

Three cases of fracture of the spine, all attended with a fatal result. In neither of the 3 could the existence of the fracture be detected on examination during life, but was inferred from the symptoms, and the inference subsequently confirmed in the post-mortem room.

In 1 case the fracture was of the upper cervical region, and death occurred suddenly on the 2nd day, from compression of the cord by a sudden movement; no paraplegia existed before. In a second case there was fracture in the lower cervical region, and paraplegia existing from the first; death gradually ensued in the 41st hour. In the third case the fracture was in the middle dorsal region, and the symptoms, complicated by subsequent spinal meningitis, ended in death on the 61st day.

In 3 cases of fracture of the skull death occurred in 1½, 2, and 30 hours. In the last the patient was quite sensible up to the 29th hour, when he gradually became comatose; upon an autopsy blood was found effused in the right cerebellar fossa, so as slightly to compress the pons Variolii and medulla oblongata.

In 1 case simple fracture of both clavicles, and in 1 of both tibia and fibula. The cause of injury was the same in each—run over.

In 16 cases of compound fracture, in which primary amputation was not performed, 3 deaths occurred, 2 after secondary amputation, 1 after 4 days' low nervous delirium.

NON-MALIGNANT TUMOURS.

Six fatty growths were removed, 5 from women, 1 from a man; their general seat was the shoulder.

One glandular tumour was removed from a woman's axilla.

One circumscribed portion of a generally enlarged mamma was removed.

TREPHING.

This operation was once performed on the first pyæmic patient of the year, a man *æt.* 20, admitted on February 14th, with a scalp wound and slight stripping of the periosteum. Had on March 15th rigors, followed on the 18th by hemiplegia; for the relief of this condition he was unsuccessfully trephined, death resulting on the 4th day from the operation.

STRICTURE OF THE URETHRA.

Thirty-one cases of stricture were treated during the year; in 2 death ensued.

In the first of the fatal cases the patient, a man *æt.* 48, had suffered from stricture for 8 years. Four years ago a perineal abscess formed, and he became an in-patient at St. Thomas's, where he was by treatment enabled in the end to pass a good stream. From that time until 2 months previously to his readmission he had continued pretty well. Retention of urine had existed 2 days, and when drawn off in the out-patient's room was horribly fetid. Catheter drew blood then and subsequently, and he suffered much from vesical irritability. On the 8th day he died. Permission to open the body was refused.

In the second case the patient, *æt.* 60, had suffered from retention 15 years previously, and for the last 4 months his stream had steadily diminished in calibre, until perineal abscess was the result. Upon admission this abscess was incised, and subsequently a catheter introduced into the bladder by way of the wound. Eight days subsequently he had rigors and other symptoms of pyæmia, and in 7 more days he died. No post-mortem.

An analysis of the remaining 29 cases, in respect of the cause of the morbid condition from which they suffered, gave the following results:—In 3 absence of any assignable cause, the stricture being, in 1 instance, congenital; in 6 no cause was noted, but the symptoms in 1 gave probability to the belief that the stricture was due to tubercular deposit; in 10 gonorrhœa, treated in 7 by injections or other ectrotics, preceded the diminution of the stream; 7 had, at some time or other, undergone injury to the urethra; in 1 the stricture was due to prostatic enlargement; in 2 the passage of gritty urine, with pain; and in 1 instance bleeding had gone before the first-noticed symptoms of stricture.

The maximum age was 80, the minimum 21.

Fifteen of the 31 cases had previously suffered from retention, and been subjected to surgical treatment for longer or shorter periods. In 6 of the 15 perineal abscess had been a result of the retention; in 1 perineal section had been performed previously to the development of abscess. The 2 fatal cases were in the number of those who had before suffered from perineal abscess.

DELIRIUM TREMENS.

This disease led to but 1 death during the year on the surgical side. The patient, *æt.* 33, a brewer's drayman, was admitted with a fracture of the tibia. Death occurred in 4 days. He took *Liq. Opii Sed. ʒiij.* On post-mortem examination the heart was found to be flaccid; effusion beneath arachnoid; intracranial venous congestion.

Six other instances of it, 2 in women, 4 in men, the maximum age being 45, the minimum 33; all were treated by opiates. One of the women was put under chloroform for half an hour, and slept 1½ hour; subsequently she became as bad as before. The average duration of the delirium was 60 hours; but in 1 case this complication recurred on the 7th day, and lasted, in a milder form, till the 14th.

The average time at which the delirium manifested itself subsequently to admission was the 52nd hour, the earliest the 30th, and the latest the 90th hour.

The prominent feature (next to the cerebral symptoms) in the clinical history of each case was extreme softness, with irregularity or intermittency, of the pulse.

APPENDIX, ON FEVERS, &c.

During the year 1862 *typhus* prevailed to a great extent in London, and 123 cases were treated in St. Thomas's Hospital (113 in the old hospital, and 10 in the temporary hospital in the Surrey Gardens).

The number of cases of *typhoid* during the same year was 17 (12 in the old hospital, and 5 in the new), from which it would appear that typhoid was less prevalent than usual during the greater prevalence of typhus. This is more apparent if we compare the year 1862 with other years, the numbers for which are extracted from the published reports:—

	1857.		1858.		1859.		1860.		Old hospital. } 1862. { New hospital.			
	Number of cases.	Per-centage of total number.*	Number of cases.	Per-centage of total number.*	Number of cases.	Per-centage of total number.*	Number of cases.	Per-centage of total number.*	Number of cases.	Per-centage of total number.*		
Typhus	25	1.18	11	0.55	6	0.29	11	0.57	113	10.94	10	4.55
Typhoid	33	1.56	25	1.26	32	1.55	23	1.20	12	1.15	5	2.27

* *i. e.* of all medical cases for the year.

On comparing the *ages* of those affected with the two diseases, less disparity is observed than is usually stated. Thus, the average age of the typhoid cases (1862) was 23.9, and of the typhus cases 26.1. Rather more than one third of the cases of each disease occurred in persons under 21.

Diarrhœa is recorded to have occurred, either as a transient or more or less prolonged symptom, in 38 out of 84 cases. In some cases it was very severe.

Typhus Eruption.—The following table gives the results of observations as to eruption in 89 cases of typhus. The eruption appears to have been about as constant in children as in adults. Of course, there may have been a transient eruption in some of the cases where none was observed.

	Distinct eruption in	Indistinct eruption in	No eruption observed in
Out of 89 cases	67	16	6
„ 61 males	44	13	4
„ 28 females	23	3	2
„ 16 fatal cases	14	1	1
„ 30 cases in persons under 20 years of age .	21	7	2

CONTAGION.

1. TYPHUS.

FOR THE WHOLE YEAR 1862.	Total number.		Fatal cases.	
	M.	F.	M.	F.
Total number of cases treated during the year	78	45	15	6
Patients who were admitted with typhus	75	33	13	5
Patients who were admitted with other diseases, and contracted typhus in the hospital	3	1	2	...
Nurses and other attendants contracting typhus* . . . . .	...	11	...	1

* 7 nurses, 3 probationers, 1 scrubber.

The above return gives the numbers of typhus contagion occurring in the whole year. The following returns give the number of cases in the old and new hospitals separately.

	Total number.		Fatal cases	
	M.	F.	M.	F.
Total number of cases treated in the old hospital	73	40	15	5
Patients admitted with typhus	70	29	13	5
Patients admitted with other diseases, and contracting typhus in hospital	3	1	2	...
Nurses, &c., contracting typhus . . . . .	...	10	...	...
Total number of cases treated in the new hospital	5	5	...	1
Patients admitted with typhus	5	4	...	...
Patients admitted with other diseases, and contracting typhus in hospital . . . . .	...	...	...	...
Nurses contracting typhus . . . . .	...	1	...	1

FEVER CONTAGION, 1864.

The following table shows the number of cases of typhoid arising in the hospital, compared with the total number admitted.

TOTAL OF TYPHOID FOR 1864.	Cured.		Died.	
	M.	F.	M.	F.
Total number of cases of typhoid treated during 1864	8	11	1	6
Patients admitted with typhoid	8	9	1	5
Patients admitted with other diseases, and contracting typhoid in the hospital . . . . .	...	...	...	...
Nurses and attendants contracting typhoid* . . . . .	...	1	...	1

* One of these patients was a nurse, and the other a probationer.

The fatal case was that of the nurse, who, at the time of seizure, was on duty in

the accident ward, but for some time previously had been in the male medical ward, where she had been exposed to the influence of 2 cases of typhoid fever and 3 cases of typhus.

The other case, that of the probationer, occurred in October, about a fortnight after that of the nurse, and at a time when 3 of the attendants were confined to bed with typhus. At the time of contracting the disease she was engaged in the female surgical ward, where she was exposed to the influence of 2 cases of typhoid and 4 of typhus.

TYPHUS.

The following table shows the number of cases of typhus arising in the hospital, compared with the number of cases admitted.

TOTAL OF TYPHUS FOR 1864.	Cured.		Died.	
	M.	F.	M.	F.
Total number of cases treated during 1864 . . .	16	20	...	4
Patients admitted with typhus	16	16	...	4
Patients admitted with other diseases, and contracting typhus in the hospital . . . . .	...	..	...	...
Nurses and attendants contracting typhus in the hospital* . . . . .	...	4	...	...

* Of these 4 patients, 2 were probationers, 1 a day nurse, and 1 a scrubber.

The day nurse, the scrubber, and 1 of the probationers contracted the disease during the last week in October, and at the time of seizure were engaged in the female medical ward, which then had 4 of its beds occupied by patients with typhus fever.

The remaining patient, a probationer, at the time of contracting the disease, and for some weeks previously, had been engaged in the male medical ward, and exposed to the contagious influence of 3 cases of typhus.

TREATMENT OF RHEUMATISM BY ACTEA, 1862.

1. F., æt. 15; servant; ill 5 d.; a mild case, with slight fever; duration of actea treatment, 2nd to 9th d.; convalescence 9th d.; in hosp. 16 d.

2. M., æt. 15; shoemaker; rheumatic fever 9 yrs. ago; ill 5 d.; swelling and redness of joints, with fever, &c.; slight bruit at base on admission; duration of actea treatment, 2nd to 21st d.; convalescence 15th d.; in hosp. 21 d.

3. M., æt. 16; barman; ill 5 d.; pains in knees and shoulders, with fever and sweating; duration of actea treatment, 2nd to 9th d.; convalescence 7th d.; in hosp. 19 d.

4. F., æt. 28; married; ill 8 wks.; pains of joints, little swelling; duration of actea treatment, 4th to 11th d., 15th to 20th d.; convalescence 11th d., slight relapse on 13th d.; in hosp. 35 d.

5. F., æt. 24; married; rheumatic fever 5 yrs. ago; ill 3 d.; pain, swelling, and

redness of joints, with acid sweats; duration of actea treatment, 2nd to 14th d.; convalescence 14th d.; in hosp. 21 d.

6. M., æt. 37; labourer; repeated previous attacks of rheumatism; ill 4 wks.; "subacute"; duration of actea treatment, 1st to 13th d.; convalescence 6th d.; in hosp. 19 d.

7. M., æt. 44; commercial traveller; rheumatism, several attacks for 20 yrs.; ill 9 d.; swelling of smaller joints, with feverishness; duration of actea treatment, 2nd to 22nd d., 25th to 32nd d.; convalescence gradual; in hosp. 35 d.

8. M., æt. 54; blacksmith; rheumatism, several attacks for 20 yrs. past; ill 11 wks.; swelling of elbows, &c., subacute; duration of actea treatment, 1st to 18th d.; convalescence almost immediate; in hosp. 19 d.

9. F., æt. 20; servant; rheumatism 14 yrs. ago and 6 yrs. ago; ill 1 wk.; acute, with pleuro-pneumonia; pericarditis on admission; duration of actea treatment, 14th to 24th d.; convalescence 24th d.; in hosp. 34 d.

10. F., æt. 16; servant; ill 13 d.; pains of large joints, with sweating and fever; systolic murmur over aorta on 7th d.; duration of actea treatment, 4th to 11th d.; convalescence 7th d.; in hosp. 26 d.

The Editor of
The Edinburgh Medical
Journal

and the authors
are obliged

